DOCUMENT RESUME

ED 345 474 EC 301 236

AUTHOR Wilson, Leslie; And Others
TITLE Evaluation of Supported Placements in Integrated Community Environments Project (SPICE). Final Report.
INSTITUTION Corporate Alternatives, Inc., Springfield, IL.
SPONS AGENCY Illinois Planning Council on Developmental Disabilities, Springfield.
PUB DATE Oct 91
NOTE 172p.; For the Executive Summary of the Final Report, see EC 301 237.
PUB TYPE Reports - Research/Technical (143) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC07 Plus Postage.
DESCRIPTORS Adults; Community Programs; *Deinstitutionalization (of Disabled); Group Homes; Independent Living; *Multiple Disabilities; Normalization (Handicapped); Nursing Homes; *Participant Satisfaction; Program Evaluation; *Quality of Life; *Severe Disabilities; *Social Integration

ABSTRACT

This evaluation project was designed to assess 37 persons (ages 21-72) who had moved from intermediate care facilities or skilled nursing facilities into innovative one-person or two-person community integrated living arrangements as a result of the Supported Placements in Integrated Community Environments project. The 37 persons had severe or multiple disabilities, but did not require 24 hour nursing care. The persons and their families were interviewed prior to their moves about their satisfaction with the nursing homes in which they were living, and 9-10 months after the move they were asked about their satisfaction with their new homes. The purpose of the evaluation was to determine whether people with severe disabilities were better off in small community residential settings and to identify the variables that contribute to quality residential services. The study found that, after their moves, participants were happier with their community services, had more opportunities for integration, gained new skills, and exhibited fewer challenging or problem behaviors. Their daytime activities became more productive and the support services used became less medical in nature and more community-based. Their families were also happier with the community services. In addition to analysis of consumer and family satisfaction, findings from on-site reviews of the 22 homes operated by the project are also presented. Interview instruments and site visit observation forms are provided in an appendix. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Chet Brandt

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC 301236

BEST COPY AVAILABLE

Final Report on the Evaluation of Supported Placements in Integrated Community Environments Project (SPICE)

Leslie Wilson
Project Director and Report Author

Cathy Edson Huffman
Project Assistant and Report Contributor

James Conroy
Conroy and Feinstein Associates
Statistical Analysis and Report Contributor

Conducted by:
Corporate Alternatives, inc. (CAi)
625 South College Street
Springfield, IL 62704
(217) 544-5687

Funded by:
The Illinois Planning Council on Developmental Disabilities

About This Study

This study was conducted by Corporate Alternatives, inc. (CAi) and funded by the Illinois Planning on Developmental Disabilities (IPCDD).

This evaluation project was designed to assess 37 persons who had moved from intermediate care facilities (ICFs) or skilled nursing facilities (SNFs) into innovative one or two person community integrated living arrangements (CILAs) as a result of the IPCDD funded Supported Placements in Integrated Community Environments (SPICE) project. The 37 persons who moved had severe or multiple disabilities, but did not require 24 hour nursing care.

The purpose of this evaluation was to determine whether people with severe disabilities were better off in small community residential settings and to identify the variables that contribute to quality residential services.

This study found that participants were happier with their community services, had more opportunities for integration, gained new skills and exhibited fewer challenging or problem behavior. Their families were also happier with their community services.

CAi would like to thank its expert interviewers:

George Bengel
Barry Berzy
Jane Elmore
Lark Kirchner
Donald St. Lawrence
Maggie Schaver
Russel Swirin
Mary Anne Willmore

CAi would also like to thank the ICFs and SNFs which permitted CAi's interviewers access to staff caring for individuals targeted to move and to their files, and the five SPICE community based provider agencies which also allowed CAi access to their staff and files. These providers cooperated with CAi in tracking the movement of individuals and without their cooperation, this study would not have been possible. They are:

Bethphage, Macomb
Jacksonville Association for Retarded Citizens, Jacksonville
United Cerebral Palsy, Mississippi Valley, Rock Island
United Cerebral Palsy, Land of Lincoln, Springfield
United Cerebral Palsy, Will County, Joliet

CAi would also like to thank the Illinois Planning Council on Developmental Disabilities

for choosing CAi to conduct this important assessment of the SPICE project and Kathy Carmody, the director of the SPICE project, for her cooperation and assistance during this evaluation.

Most importantly, CAi would like to thank the persons with disabilities who participated in this study. Without theirs and their families' cooperation, it would not have been possible to prove the benefits community integrated living offers to all persons no matter how severe their disabilities.

Leslie Wilson
Project Director and Report Author

Table of Contents

Introduction, Methodology, Reliability 7

ICAP Results Pre and Post Movement 12
- Descriptive Information. 13
- Diagnostic Status 13
- Functional Limitations and Needed Assistance 16
- Adaptive Behavior 19
- Problem Behvior Index 30
- ICAP Service Level 33
- Residential Placement 36
- Daytime Program 38
- Support Services 41
- Social and Leisure Activities 46

Consumer Satisfaction Pre and Post Movement 49

Family Satisfaction Pre and Post Movement 62

Residential Review 88
- Summary of Each Agency and Each SPICE Home 93
- Agency 1 94
- Agency 2 101
- Agency 3 109
- Agency 4 118
- Agency 5 127

Summary 135

Appendix. 137

List of Tables and Graphs

Graph I	*Primary Diagnosis*	*14*
Graph II	*Secondary Diagnoses*	*15*
Table 1	*Secondary Diagnoses of the 37 SPICE Participants*	*16*
Table 2	*Comparison Pre and Post Movement of Persons Requiring Care by a Nurse or Physician*	*17*
Table 3	*Comparison Pre and Post Movement of SPICE Participants Medication Usage*	*18*
Graph III	*Motor Skills Changes - 37 SPICE Participants*	*21*
Graph IV	*Social and Communication Skills Changes*	*23*
Graph V	*Personal Living Skills Changes*	*25*
Graph VI	*Community Living Skills Changes*	*26*
Graph VII	*Broad Independence Score Changes*	*28*
Graph VIII	*Summary of Domain Changes - 37 SPICE Participants*	*29*
Graph IX	*Problem Behavior Index Changes*	*31*
Graph X	*Service Level Index Changes*	*34*
Table 4	*Comparison of Similar Groups' Growth Before and After Movement*	*35*
Table 5	*Pre Movement Nursing Home Respondent's Residential Recommendations for SPICE Participants*	*36*
Table 6	*Where SPICE Participants Lived in the Community*	*37*
Table 7	*Day Program SPICE Participants Attended While Living in the Nursing Homes*	*38*
Table 8	*Recommended Change in Day Program for SPICE Participants While Living in the Nursing Homes*	*39*
Table 9	*Day Program SPICE Participants Attended After Movement to the Community*	*39*

Table 10	*Recommended Change in Day Program Post Movement for SPICE Participants*	40
Table 11	*Support Services Used Pre Movement by SPICE Participants*	41
Table 12	*Pre Movement Response to Support Services "Not Used" by SPICE Participants But Evaluation Needed*	42
Table 13	*Support Services Used Post Movement by SPICE Participants*	43
Table 14	*Post Movement Response to Support Services "Not Used" by SPICE Participants But Evaluation Needed*	44
Table 15	*Pre and Post Movement Responses to Social and Leisure Activities in the Last Month*	46
Table 16	*Pre and Post Movement Response to Factors Limiting Social Activities*	47
Table 17	*Pre and Post Movement Comparison "Do You Like Living Here?"*	51
Graph XI	*"Do You Like Living Here?" - Before and After Placement*	52
Table 18	*Pre and Post Movement Comparison "Do You Like the Staff People?"*	53
Table 19	*Pre and Post Movement Comparison "Do You Like the Other People Who Live Here?"*	53
Graph XII	*"Do You Like the Other People Who Live Here?" - Pre and Post Comparison*	54
Table 20	*Pre and Post Movement Comparisn "Are the Staff People Mean or Nice to You?"*	55
Table 21	*Pre and Post Movement Comparison "Is There Someplace Else You Would Rather Live?"*	55
Graph XIII	*Are Staff People Mean or Nice to You? - Pre and Post Comparison*	56
Graph XIV	*Is There Someplace Else You Would Rather Live? - Pre and Post Comparison*	57
Graph XV	*Family Survey - Relation to SPICE Participants*	64
Graph XVI	*Does Your Relative Have Other Diagnoses?*	66
Table 22	*Pre and Post Movement Family Survey Comparison "How Often Has*	67

(Relative's Name) Come to Visit You in the Past Year?"

Graph XVII *Family Satisfaction with Residential Placement - Pre and Post Comparison* 68

Table 23 *Pre and Post Movement Family Survey Comparison "How Satisfied Are You with Your Relative's Residential Placement* 69

Graph XVIII *Family Perception of Relative's Satisfaction with Residential Placement - Pre and Post Comparison* 70

Table 24 *Pre and Post Movement Family Survey Comparison "How Happy Do You Think Your Relative is with His/Her Residential Placement?"* 71

Graph XIX *"Has Relative Learned New Skills in this Home?" - Pre and Post Comparison* 72

Graph XX *"Can Your Relative Do More for Him/Herself Now?" - Pre and Post Comparison* 74

Table 25 *Pre and Post Movement Family Survey Comparison "How Satisfed Are You with the Staff People who Work Directly with your Relative?"* 75

Graph XXI *Family Satisfaction with Staff at Residence - Pre and Post Comparison* 76

Table 26 *Pre and Post Movement Family Survey Comparison "How Satisfied Are You with the Management of this Residential Service?"* 77

Graph XXII *Family Satisfaction with Management of Residence - Pre and Post Comparison* 78

Table 27 *Pre and Post Movement Family Survey Comparison "How satisfied Are You with the Home's Appearance?"* 79

Graph XXIII *Family Satisfaction with Appearance of Residence - Pre and Post Comparison* 80

Graph XXIV *Family Satisfaction with Location of the Home - Pre and Post Comparison* 82

Graph XXV *"Is There Someplace Else You'd Like Relative to Live?" - Pre and Post Comparison* 83

Graph XXVI *"Do You Have Any Concern About Where Your Relative Lives?" - Pre and Post Comparison* 85

Introduction, Methodology, Reliability

Introduction

This evaluation of the Supported Placements in Integrated Community Environments (SPICE) was designed to analyze quality of life outcomes for 37 people who moved from intermediate care facilities (ICFs) or skilled nursing facilities (SNFs), often referred to as nursing homes, to innovative one or two-person community integrated living arrangements (CILAs). The ultimate goal of this research project was to determine if people with severe disabilities were better off in small community residential settings and to identify the variables that contribute to quality residential services.

This analysis had pre and post components. Persons with disabilities were assessed using the Inventory for Client and Agency Planning (ICAP) prior to their moves to the community residences and then between nine and 10 months after their moves to their new homes. Participants were interviewed about their satisfaction with the nursing homes in which they were living and after 9-10 months in their CILA, they were asked about their satisfaction with their new homes.

Families were also interviewed pre and post about their satisfaction with their relatives' residential services.

An evaluation of each community residence was conducted, as well, to identify variables that contribute to a quality home.

At the outset of this research project, CAi had proposed a matched comparison component of this evaluation. This required that persons who would stay in an ICF or SNF would be matched with the individuals who were moving to a community residence. Baseline data was gathered on 46 stayers using the ICAP at the same time persons who were moving were assessed. However, when the computer attempted to pair movers and stayers on the basis of IQ, sex, age, race and disabilities it was discovered that only five suitable matches could be made. As a result, the study's matched comparison component was eliminated and no further data was gathered on persons who were not moving to community residences.

Methodology

Consumer assessments using the Inventory for Client and Agency Planning (ICAP) were conducted before individuals left the ICF or SNF in which they were residing and then 9-10 months after they were living in the new community integrated home.

The ICAP has 10 sections and provides demographic information and data on an individual's functional limitations, ability to perform activities of daily living, behavior

exhibited which is considered socially inappropriate, current residential placement, daytime program, support services provided and social and leisure activities.

The ICAP's adaptive behavior section has 77 items that provide information on how well someone can perform the activities of daily living. This section is organized into four domains:

*Motor Skills: gross and fine motor skills;

*Social and Communication Skills: expressive verbal and nonverbal communication, receptive verbal and nonverbal communication, clarity of speech, ability to read and write, one-to-one interaction with peers and persons other than peers, participation in social activities, telephone use;

*Personal Living Skills: eating, dressing, toileting, personal hygiene, food preparation, domestic skills; and

*Community Living Skills: associating time with events and actions, numbers awareness, money handling, purchasing, movement and transportation, using clock or watch, domestic equipment usage, attention to task, remembering instructions and demonstrations, budgeting, scheduling.

The ICAP's problem behavior section has eight categories and assesses the severity and frequency of behavior considered inappropriate in the following areas:

* Hurtful to Self;
* Hurtful to Others;
* Destructive to Property;
* Disruptive Behavior;
* Unusual or Repetitive Habits;
* Socially Offensive Behavior;
* Withdrawal or Inattentive Behavior; and
* Uncooperative Behavior.

CAi hired and trained five interviewers, all professionals in the field of developmental disabilities with experience in residential services, to administer the ICAP and Consumer Surveys. ICAP interviews were conducted with residential program staff who were most familiar with an individual's behavior and daily living activities. Consumers' files were used to fill in the blanks and to provide the needed demographic data.

Consumers who were willing were interviewed about their satisfaction with their present residence using the "Consumer Interview and Observation" survey. The ICAP and consumer interviews were conducted at the residential site in a private location. Consumers were interviewed alone to maintain confidentiality unless they requested that

someone else be present.

Families who were willing and could be located were also interviewed by telephone during evening hours about their satisfaction with their relatives' residential services using the pre and post "Family Satisfaction Surveys". CAi hired and trained two master's level professionals to conduct the telephone surveys.

The consumer and family satisfaction surveys were developed by Leslie Wilson and James Conroy of Conroy and Feinstein Associates.

After the 37 persons moved to their community residences and resided there at least 9-10 months, Leslie Wilson, Cathy Edson Huffman and Donald St. Lawrence conducted residential site reviews to determine a community home's exemplary facets and situations of concern. The residential evaluation forms used assessed the following items:

* residential management
* reimbursement rates
* appearance
* location
* cleanliness
* staffing patterns
* staff morale
* hours worked
* starting wages
* staff longevity
* staff credentials and training
* behavior management
* consumer well-being and safety
* community integration opportunities
* consumers' self-determination
* consumers' rights and privacy

Based on this data, the residences were given a numerical score by averaging the ratings of 13 items: restrictiveness, physical quality, safety, integration, quality of staff/consumer interaction, training for residential supervisory staff, training for residential direct care staff, client services, behavior management techniques used, quality of direct care staff, quality of client files, quality of individual habilitation plans and overall residential management.

Residences were also evaluated to determine whether the SPICE objectives were met and to identify barriers to their attainment.

(Please see copies of all instruments in the appendix of this report.)

Reliability

To ascertain the competency of its interviewers and the reliability of the various components of the ICAP, CAi conducted an interrater reliability test. The ICAP was administered twice to eight consumers, two from four of the participating agencies, by two different interviewers within a relatively short period of time pre-movement.

Based on the interrating of 150 ICAP items, four interviewers administering eight ICAPs two times had an average agreement rating of 78.33 percent. Which means that for each of the 150 items rated there was exact agreement over 75 percent of the time. This is an excellent rating and illustrates the reliability of the ICAP and CAi's surveyors.

ICAP Results Pre and Post Movement

ICAP Results Pre and Post Movement

DESCRIPTIVE INFORMATION

Gender and Age of the 37 People Participating in This Study

The 37 people participating in this study who moved from an intermediate care facility (ICF) or skilled nursing facility (SNF), often referred to as nursing homes, were 63 percent male and 35 percent female. They ranged in age from 21 to 72 years. Eight individuals were in their twenties; eight were in their thirties; 14 persons were in their forties; three were in their fifties; three were in their sixties and one person was in his seventies. The average age of the 37 participants was 42.5 years.

Ethnicity

The ethnic background of the group was 84 percent white, 13 percent African American and three percent Oriental, Asian or Pacific Islander. No one was listed as Hispanic and all 37 individuals listed English as their "primary language understood."

Marital and Legal Status

Within this group of 37 people there were two married couples. For the first time in their married lives each couple was able to have a home where just the two of them lived with support. With regard to legal status, 62 percent were competent adults, 27 percent had a parent or relative as a guardian and 11 percent had a county or the state named as guardian.

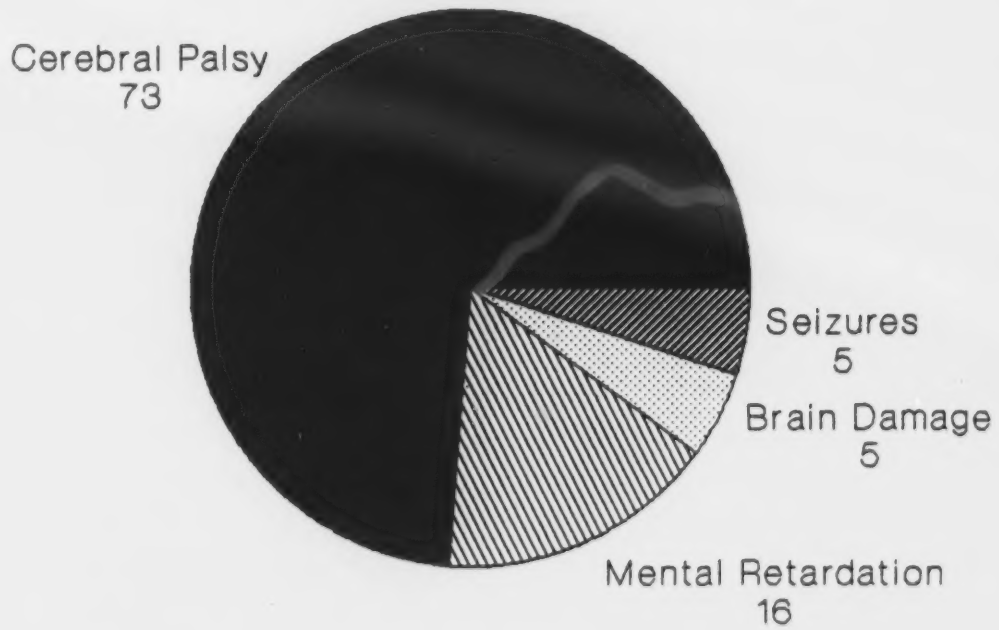
DIAGNOSTIC STATUS

Primary and Secondary Diagnoses

The primary diagnosis of this group of individuals was most often cerebral palsy (73 percent). The next most common condition was mental retardation (16 percent). Other conditions listed as primary were brain or neurological damage (five percent) and seizures (five percent). The pie chart on the next page depicts these results. The most common secondary diagnoses are listed on the bar graph on page 15 and on Table 1 on page 16.

Graph I

Primary Diagnosis



Graph II

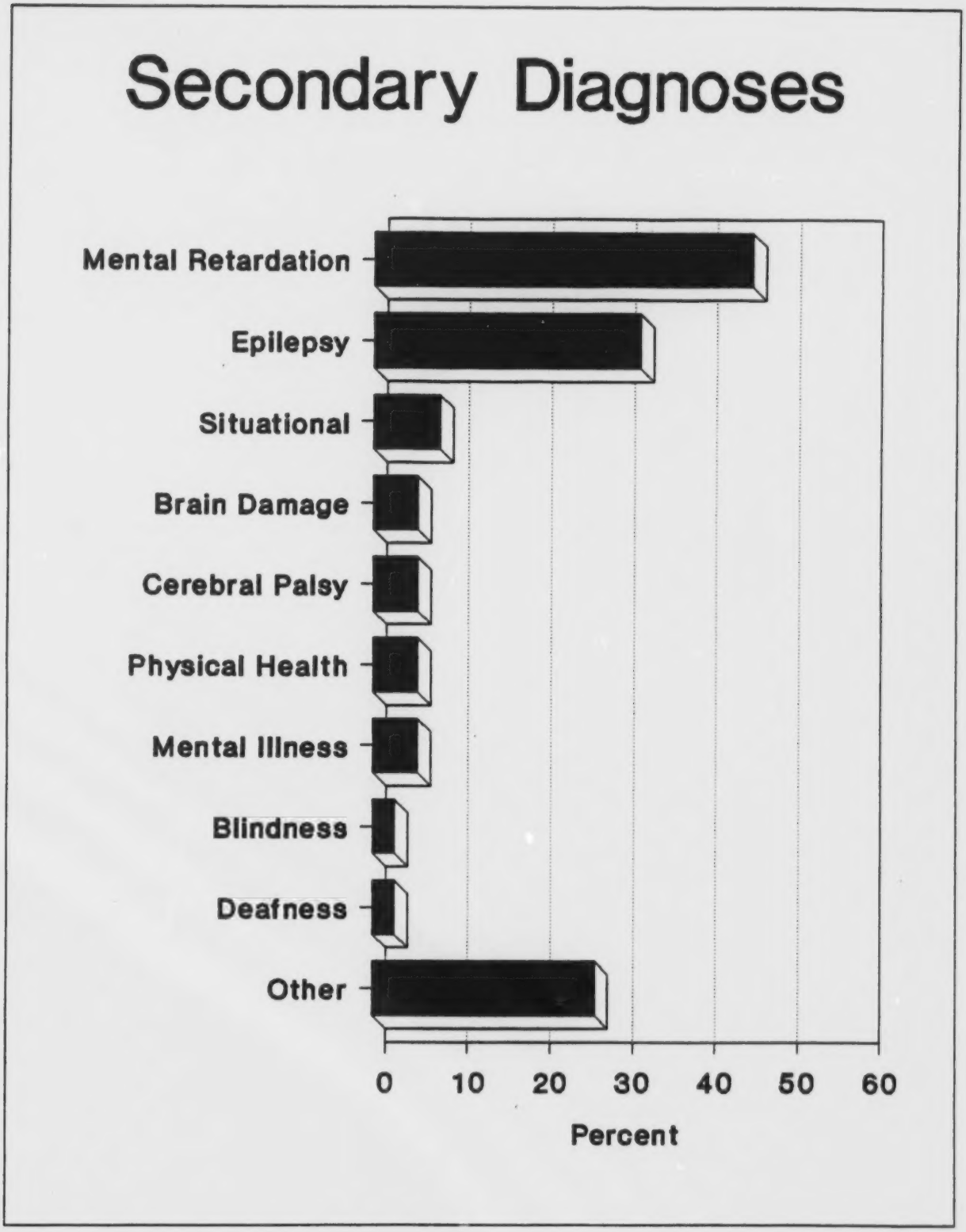

Secondary Diagnoses
Mental Retardation
Epilepsy
Situational
Brain Damage
Cerebral Palsy
Physical Health
Mental Illness
Blindness
Deafness
Other
0
10
20
30
40
50
60
Percent

Table 1.

Secondary Diagnoses of the 37 SPICE Participants

Type of Secondary Diagnosis	% of Cases
None	16.2
Blindness	2.7
Brain Damage	5.4
Cerebral Palsy	5.4
Deafness	2.7
Epilepsy	32.4
Mental Retardation	45.9
Physical Health	5.4
Mental Illness	5.4
Situational	8.1
Other	27.0

FUNCTIONAL LIMITATIONS AND NEEDED ASSISTANCE

Persons with Mental Retardation, and Vision and Hearing Impairments

Thirty percent of the 37 participants in this study had no mental retardation, 24 percent were mildly retarded, 24 percent had moderate retardation, eight percent were labeled severely mentally retarded and 14 percent were listed as "unknown."

Only two individuals had a hearing impairment but no one was listed as deaf. One individual was blind and three persons had some vision impairment.

Persons Who Had Seizures and Their Frequency

Nearly everyone had seizures that were controlled or never experienced seizures. Of those who reported experiencing seizures only one individual had them monthly and one person had them less than monthly.

Health Needs

This group of 37 individuals was remarkably healthy, considering they lived in nursing facilities before moving to community homes. Seventy three

percent were reported to have "no limitation in daily activities" associated with health, 16 percent had "few or slight limitations," and eight percent had "many or significant limitations."

As a point of interest, prior to moving to a community home, it was reported that 27 of the 37 persons required the care of a nurse or physician less than monthly. Six persons were said to need care monthly, one was reported to need care weekly and two persons were said to need care daily, while one individual was listed as needing care with immediate 24-hour access.

After movement to the community not one of the same 37 persons was said to need the care of a nurse or a physician on a weekly or daily basis or with immediate 24-hour access. Only two of the 37 people were reported to require the care of a nurse or physician monthly. The other 35 people required medical attention less than monthly.

This comparison is depicted in the table below and illustrates the fact that almost all of these people's needs are not medical in nature. Furthermore, their medical care needs were perceived to be greater while living in the nursing homes than they were once these individuals moved to the community.

Table 2.

Comparison Pre and Post Movement of Persons Requiring Care By A Nurse or Physician

Type of Care	# of Cases - Pre Move	# of Cases - Post Move
Less than monthly	27	35
Monthly	6	2
Weekly	1	0
Daily	2	0
24-Hour Immediate	1	0

Medication Usage

Prior to movement to their community homes, many of the SPICE participants were receiving some type of medication with over a quarter receiving drugs for mood, anxiety, sleep or behavior.

After movement to the community, as illustrated by the table on the next page, it appeared that SPICE participants required less medical care and fewer medications. However, over 27 percent (10 persons) remained on medication for mood, anxiety, sleep or behavior post movement despite the fact that only two persons in this group had a secondary diagnosis of mental illness and the average Problem Behavior Score was in the normal range before and after movement. The prescription of mood altering drugs to SPICE participants should be reviewed.

Table 3.

Comparison Pre and Post Movement of SPICE Participants' Medication Usage

Type of Med	# of Cases - Pre Move	# of Cases - Post Move
None	1	7
Health Problems	25	10
Mood	14	10
Seizures	11	13
Other	13	13

**Totals exceed 37 since some individuals received more than one type of medication.*

Use of Arms and Hands

Twelve people (32 percent) had no arm or hand limitations. The use of arms and hands was limited for 15 people (41 percent) while 10 people (27 percent) were somewhat limited.

Mobility

Ten of the 37 participants (27 percent) had no mobility limitations and were able to walk with or without aids such as walkers or crutches. Seventy three percent of the participants (27 individuals) were described as "usually in a wheelchair." However, no one in this group was "limited to bed most of the day" or "confined to bed for the entire day."

ADAPTIVE BEHAVIOR SECTION

The ICAP's adaptive behavior section has 77 items that provide information on how well someone can perform the activities of daily living. This section is organized into four domains:

* **Motor Skills**: gross and fine motor skills;

* **Social and Communication Skills**: expressive verbal and nonverbal communication, receptive verbal and nonverbal communication, clarity of speech, ability to read and write, one-to-one interaction with peers and persons other than peers, participation in social activities, telephone use;

* **Personal Living Skills:** eating, dressing, toileting, personal hygiene, food preparation, domestic skills; and

* **Community Living Skills:** associating time with events and actions, numbers awareness, money handling, purchasing, movement and transportation, using clock or watch, domestic equipment usage, attention to task, remembering instructions and demonstrations, budgeting, scheduling.

The ICAP was administered twice to all 37 individuals: once while residing in the nursing homes and then 9-10 months after moving to their community homes. ICAP interviews were conducted with residential program staff who were most familiar with an individual's behavior and daily living activities. Consumers' files were used to fill in the blanks and to provide other data.

Interviewers were instructed to only give credit for tasks the respondent actually saw the individual perform. This instruction is contrary to the directions on the ICAP's worksheet. The reason for taking this approach was to avoid guesses on the respondent's part which could have distorted the overall findings.

The ICAP produces a raw and a domain score for each adaptive behavior section. For all domains, a value of 500 represents a performance level approximately equal to that of a child who has no disabilities and is 10 years and four months old (at the fifth grade level). The range of domain scores extends from a low of about 270 to a high of 569.

The ICAP also produces a broad independence score which is an overall combination score from the four adaptive behavior domains.

For purposes of this study, pre and post movement scores were compared to gain insight into changes, if any, that occurred after the 37 SPICE participants moved to the community.

Motor Skills Domain
As anticipated, the rate of motor skills change pre and post movement was not significant by paired t-test.

Prior to movement, the 37 individuals assessed had an average raw score of 22.7 on the motor skills scale; after movement that score dropped slightly to 21.97. The bar graph on the next page summarizes these raw scores. The average domain score pre movement was 383.41, post movement it decreased to 380.30.

The domain scores ranged from a low of 270 (which is the lowest possible score) to a high of 499. The 37 participants' average score for this domain was 153.70 points below the highest possible score of 534 during the second round of data collection.

This average score reflects that 27 (73 percent) of the 37 persons evaluated had cerebral palsy and were described as "usually in a wheelchair." The use of arms and hands was limited for 15 people (41 percent) and 10 persons (27 percent) were somewhat limited.

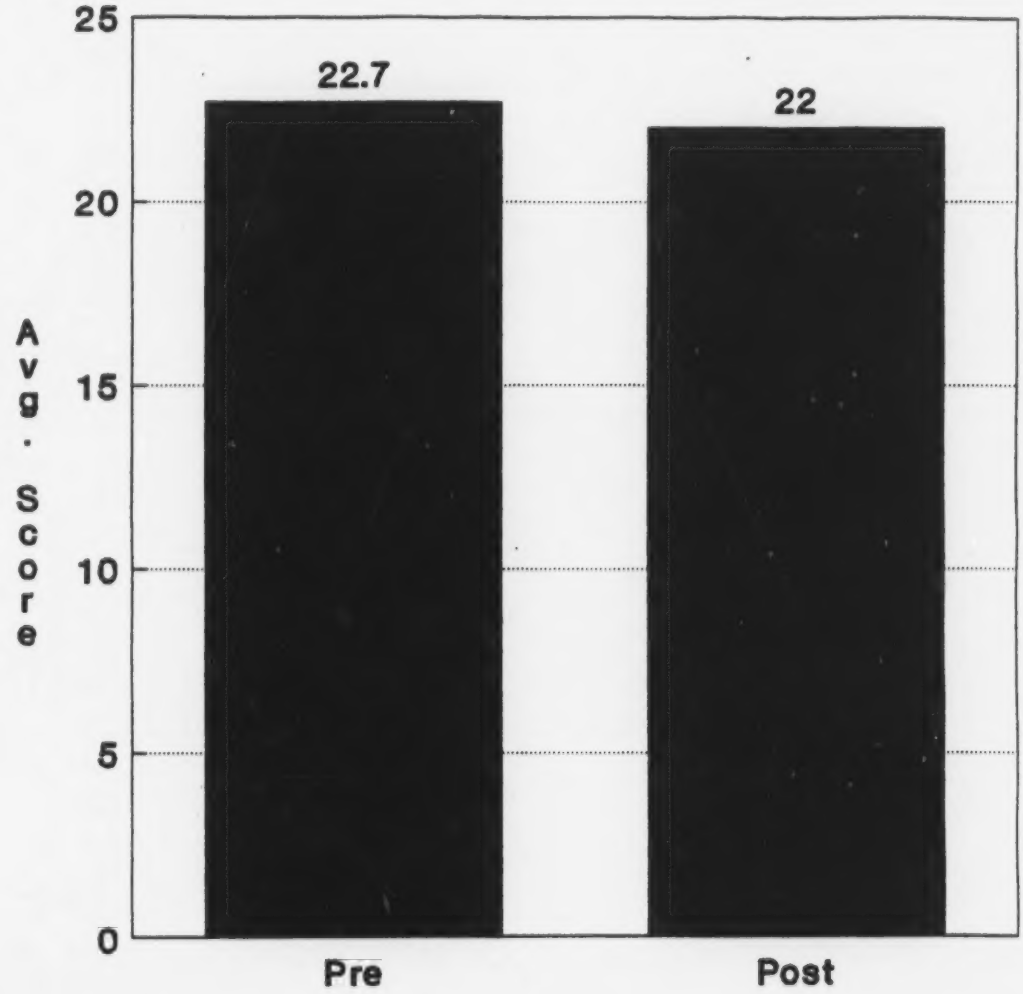
The ICAP's Motor Skills Domain rates such fine and gross motor skills as picking up small objects by hand, threading a sewing needle, climbing a six foot ladder, and walking up and down stairs. These are abilities that people with a neuromuscular disorder would have great difficulty mastering no matter where they lived. Since these individuals were unable to accomplish many of the rated tasks, their average domain score before and after movement remained static.

This result had no impact on these individuals' ability to successfully live in the community as reflected by their personal and community living skill development discussed later. The disability or its severity could not be altered, but with individually tailored supports the SPICE participants have become integrated, productive and independent.

Social and Communication Skills Domain
Prior to movement, the 37 individuals assessed had an average raw score of 40.19 on the social and communication skills scale; after movement that score rose slightly to 42.19. The average domain score pre movement was 469.11, post movement it incrementally increased to 473.41, an improvement of 4.3 points.

Graph III

ICAP Results 1:
Motor Skills Changes
37 SPICE Participants



(This change is not statistically significant.)

The bar graph on the next page summarizes the raw scores before and after movement.

The post movement average score was 81.59 points below the highest possible score of 555. The lowest possible score for this domain was 311. The 37 individuals' scores ranged from a low of 428 to a high of 555 during the second round of data collection.

The increase of 4.3 points in the Social and Communication Skills Domain is not significant by paired t-test.

Thirty of the individuals assessed were able to speak with little or no difficulty, six persons used communication boards to communicate and one person used gestures. All 37 individuals understood English as their primary language.

In addition to communication skills, this domain also rates social skills . As an example, the ICAP asks respondents to rate such things as someone's ability to, "offer help to other people," and "act appropriately without drawing negative attention while in public places with friends."

From the results, we can conclude that the individuals in this group were and continue to be able to communicate well and to socialize appropriately no matter where they live.

Personal Living Skills Domain

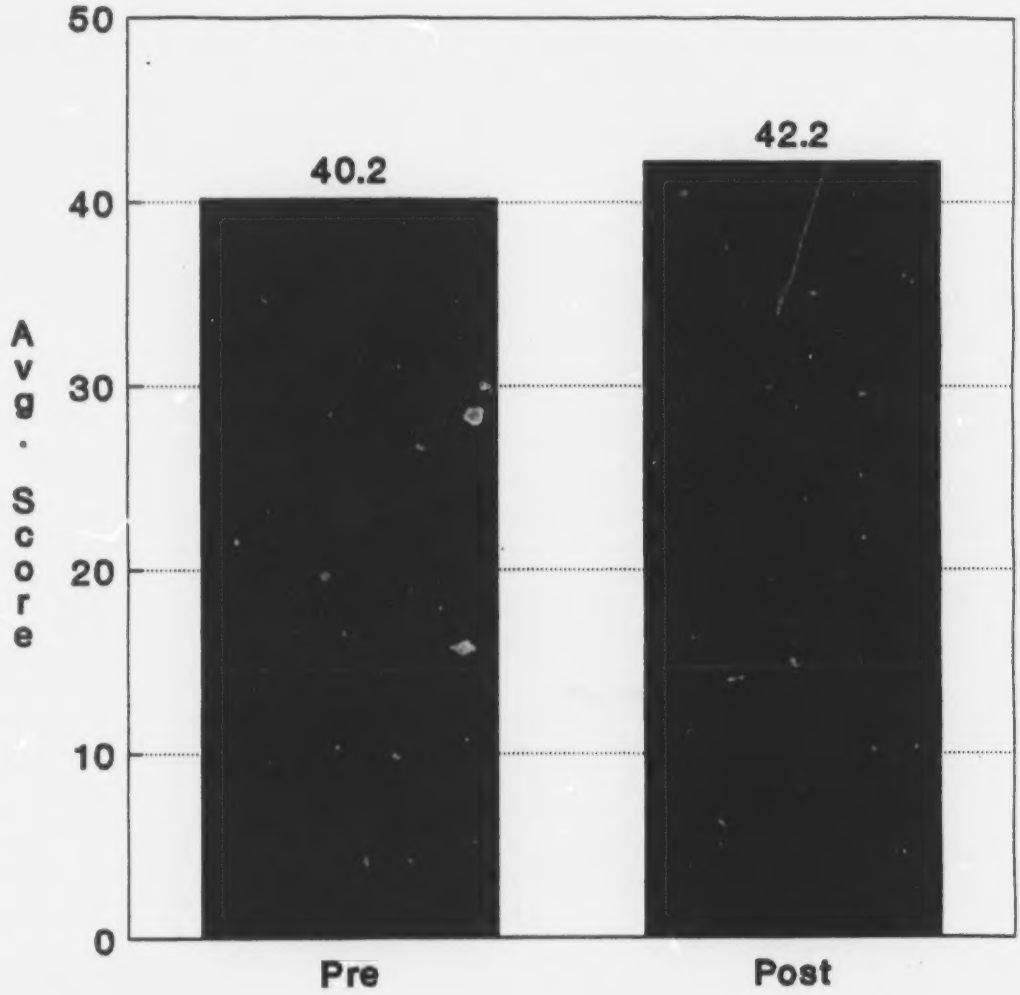
SPICE participants gained 19.38 points on the personal living scale in just nine to 10 months after moving to their homes in the community. This increase is highly significant by paired t-test and is this group's greatest comparative gain (t=4.99, 36 df, p<.001).

The Personal Living Skills Domain rates such things as an individual's ability to pick up and eat food, dress him/herself, mix and cook simple foods such as scrambled eggs, soup or hamburgers, prepare a grocery list for at least six items, load and operate a washing machine, etc. The tasks are arranged in a continuum from the easiest to the most difficult.

Prior to movement to the community, SPICE participants had an average raw score of 25.78 on the personal living scale; after movement that score rose to 32.58. The average domain score pre movement was 434.16 and rose to 454.14 post movement. A maximum score on this scale would be 557; the lowest score is 332. The range of scores for this group post movement was 378 to 545.

Graph IV

ICAP Results 2:
Social and Communication Skills Changes



(This change is not statistically significant.)

The bar graph on the next page charts the raw scores on the personal living scale.

This finding also demonstrates that after these individuals moved from congregate care facilities to less restrictive and more normalized community settings they gained skills essential for self care and independent living no matter how severe their disabilities.

While it can not be verified without further research, it can be theorized based on previous studies that SPICE participants will exercise more self-sufficiency as time goes by now that they've been given the opportunity.

Community Living Skills Domain

One of the most exciting results of this study was the SPICE participants' relatively high average score in community living skills post movement.

Prior to movement to the community, SPICE participants had a raw score of 26.19 on the community living scale; after movement that score rose to 30.65. The average domain score pre movement was 468.22; after 9-10 months in their community homes that score rose to 480.02, this group's highest score on any of the ICAP scales. (A perfect score on this scale would be 569; the lowest possible score is 312.) The bar graph on page 26 illustrates these results using the raw scores.

This increase of 11.80 points is very significant by paired t-test (t=3.04, 36 df, p=.004).

This section of the ICAP tests such things as, "uses the words 'morning' and 'night' correctly," "buys items that cost at least twenty-five cents from a vending machine," "uses a watch or clock," "budgets money to cover expenses for at least one week" and "balances a checkbook monthly."

Given these results and more time in their community homes, there appears to be no limit to the number of community living tasks SPICE participants will master.

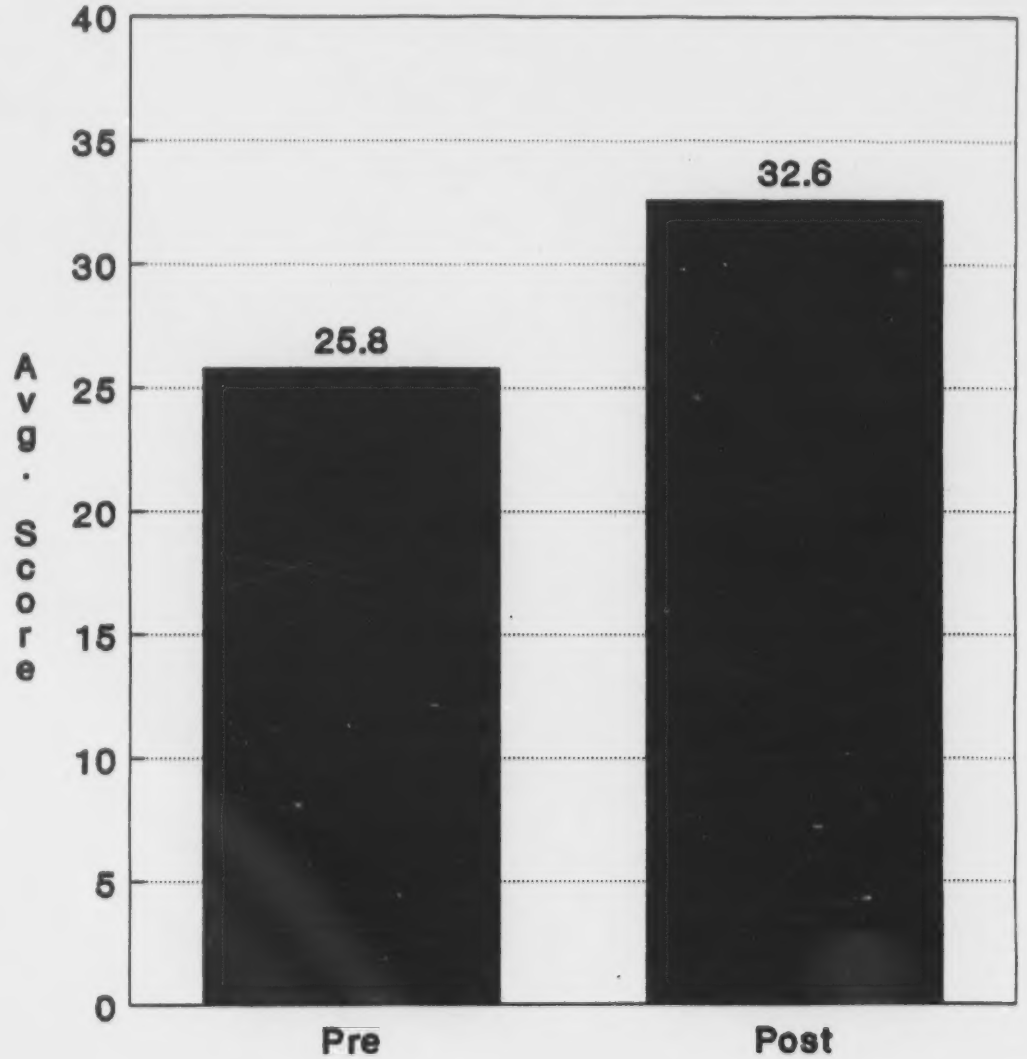
Broad Independence Score

The ICAP produces a broad independence score which is an overall combination score from the four adaptive behavior domains.

The SPICE participants made major gains in the Personal Living and Community Living Domains; their scores remained static in the Motor and Social, and Communication Skills Domains.

Graph V

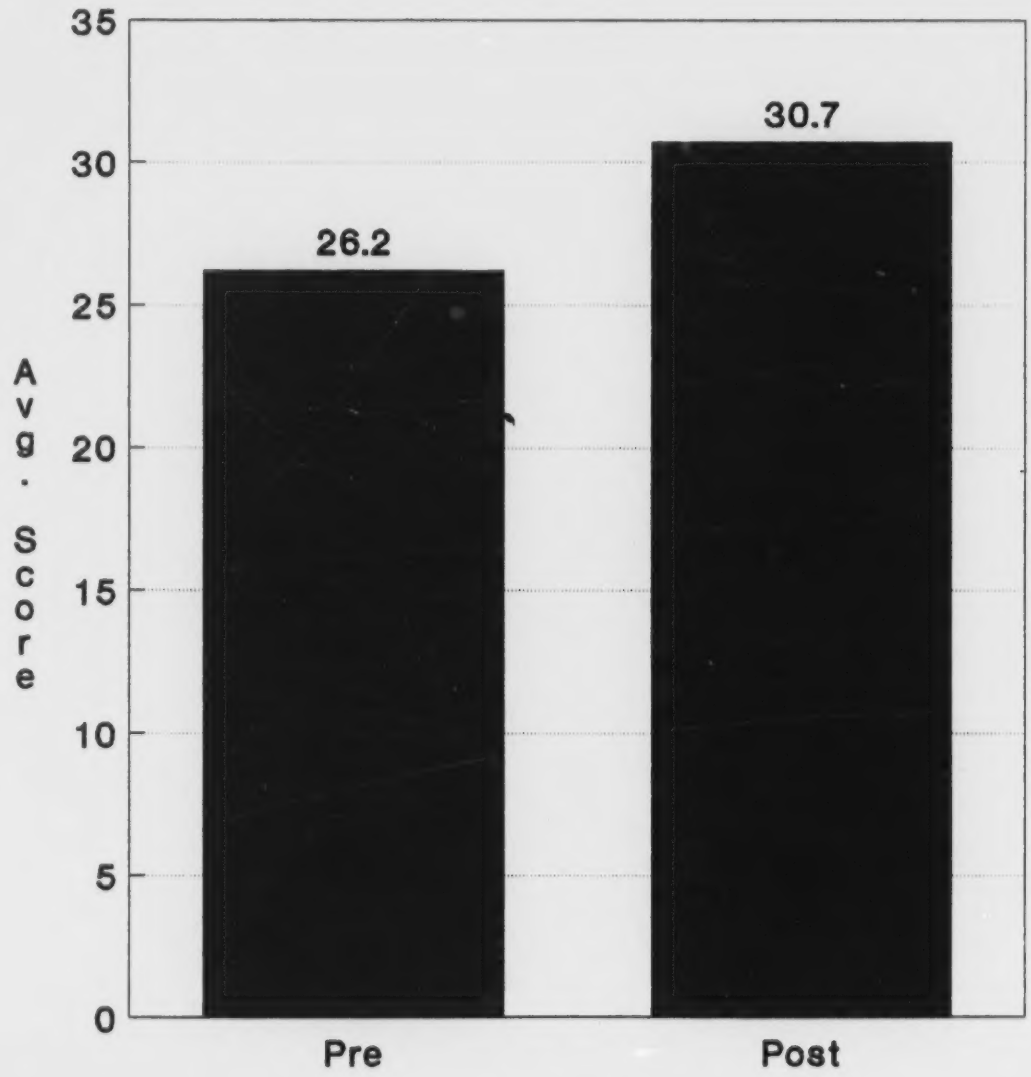
ICAP Results 3:
Personal Living Skill Changes



(This change is HIGHLY statistically significant, p<.001)

Graph VI

ICAP Results 4:
Community Living Skills Changes



(This change is HIGHLY statistically significant, p=.004)

The average Broad Independence Score for the 37 individuals rose from 438.86 pre movement to 447.05 post movement. This increase is highly significant by paired t-test (t=2.53, 36 df, p=.016). The bar graph on the following page charts this increase.

Summary - Adaptive Behavior Section

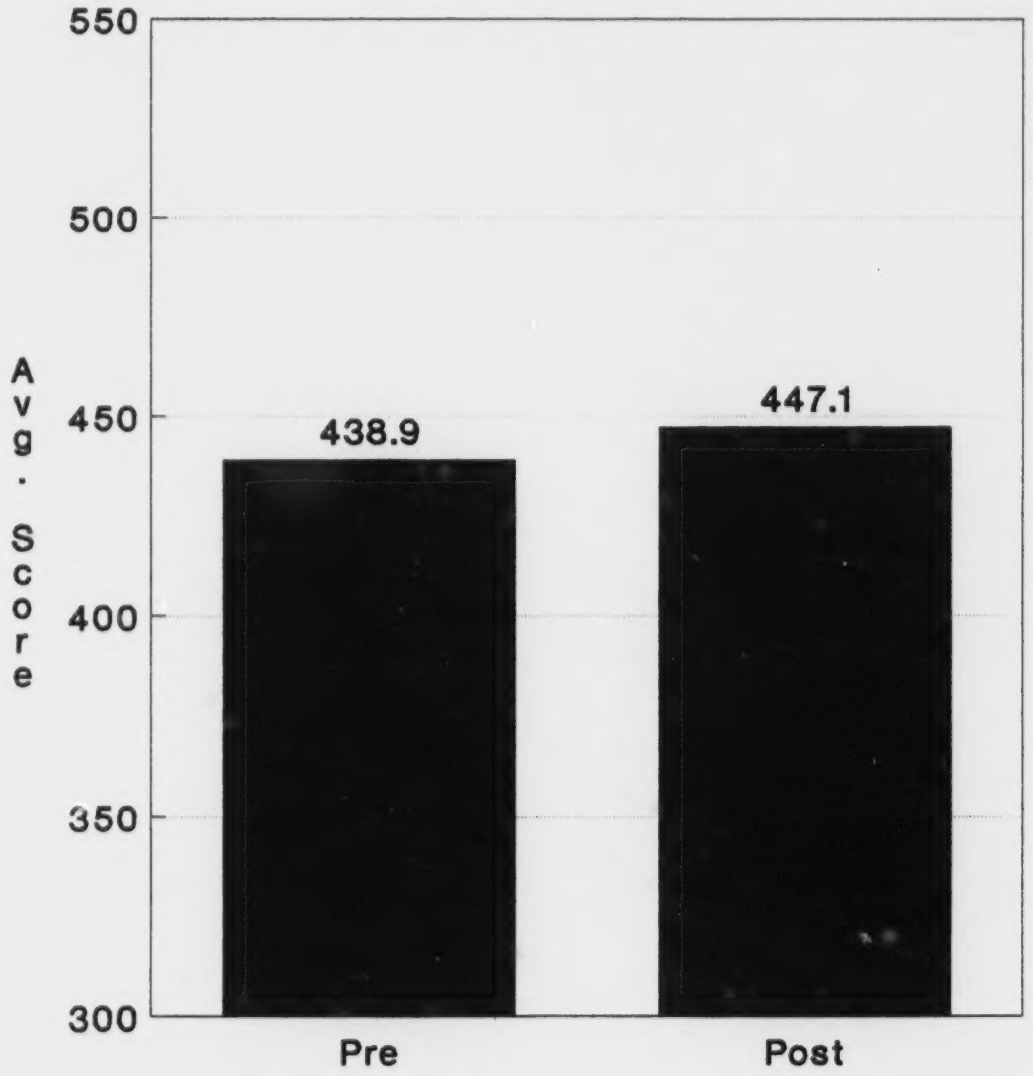
The result of the ICAP's Adaptive Behavior Section for the 37 SPICE participants showed no gains in the areas of motor, or social and communication skills. As anticipated, movement to the community had no impact on these individuals' disabilities or their severity. In the area of social and communication skills, this group of 37 communicated well and had good social skills before and after movement.

This group made the greatest gains in the areas of personal living and community living. It appears that SPICE participants are truly excelling in these areas after only 9-10 months in their new homes. While it can not be verified without further research, it can be theorized based on previous studies that SPICE participants will exercise more self-sufficiency as time goes by now that they've been given the opportunity.

The bar graph on page 29 provides a pre and post comparison of the SPICE participants' average scores on the Adaptive Behavior Section's four domains.

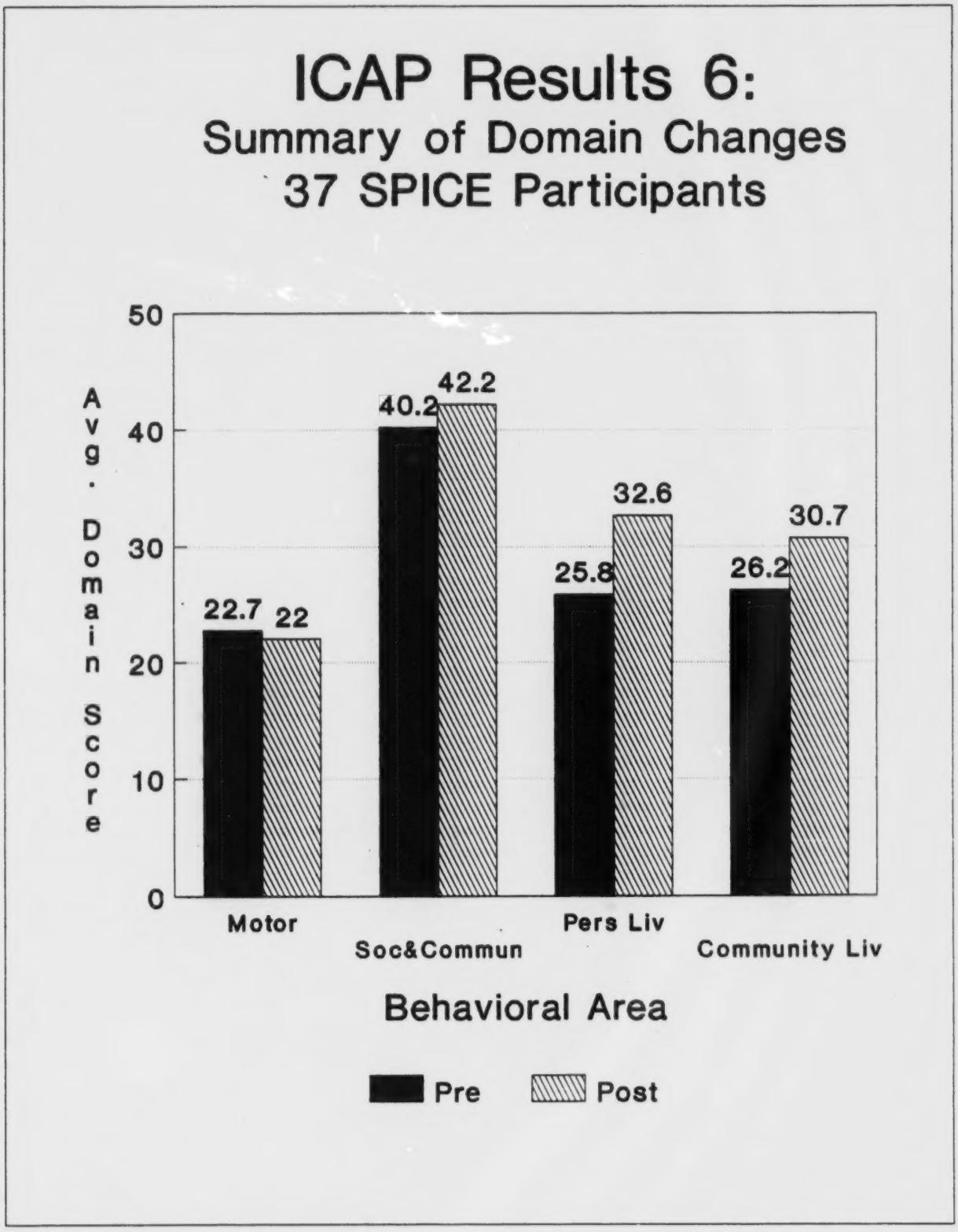
Graph VII

ICAP Results 5:
Broad Independence Score Change



(This change is HIGHLY statistically significant, p=.016)

Graph VIII


ICAP Results 6:
Summary of Domain Changes
37 SPICE Participants
Avg. Domain Score
50
40
30
20
10
0
22.7
22
40.2
42.2
25.8
32.6
26.2
30.7
Motor
Soc&Commun
Pers Liv
Community Liv
Behavioral Area
Pre
Post

PROBLEM BEHAVIOR INDEX

The ICAP's problem behavior section has eight categories and assesses the severity and frequency of behavior considered inappropriate in the following areas:

* Hurtful to Self;
* Hurtful to Others;
* Destructive to Property;
* Disruptive Behavior;
* Unusual or Repetitive Habits;
* Socially Offensive Behavior;
* Withdrawal or Inattentive Behavior; and
* Uncooperative Behavior.

Large negative scores indicate more serious problem behavior. A score near 0 is average. The following chart explains the meaning of the values given.

Problem Behavior Index Scores

Index Value	Level of Seriousness
+10 to -10	Normal
-11 to -20	Marginally Serious
-21 to -30	Moderately Serious
-31 to -40	Serious
-41 & below	Very Serious

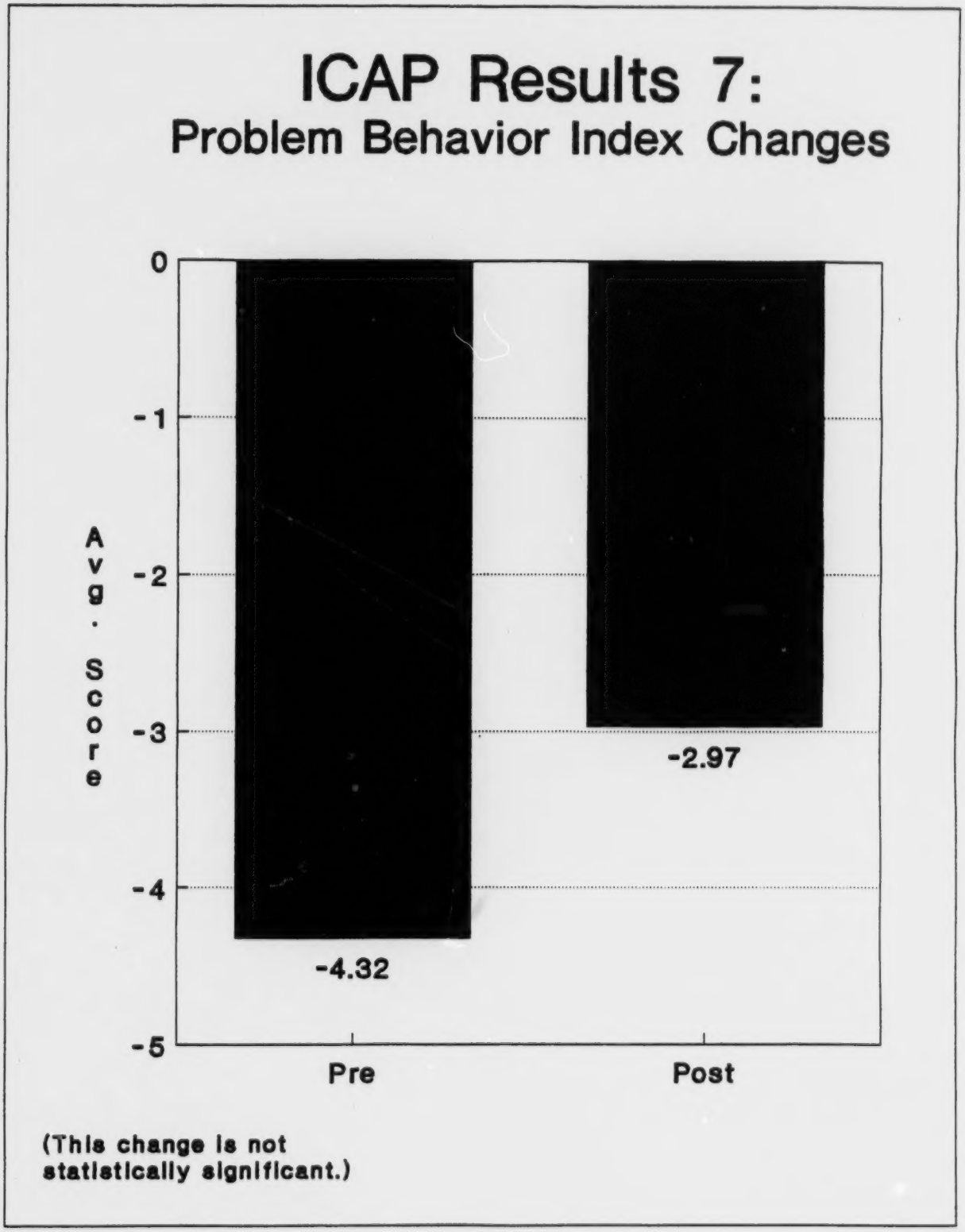
The 37 SPICE participants exhibited few problem behaviors before and after movement. During both rounds of data collection their scores were in the normal range.

Pre movement the average score was -4.32. Post movement the number and frequency of problem behaviors exhibited declined even further to an average score of -2.97, which nearly achieves the usual criterion for significance (t=1.46, 36 df, p=.077).

The range of scores was from 0 to -18 pre movement; post movement the scores ranged from 0 to -19. Not one of the SPICE participants was in the "moderately serious" to "very serious" range before or after movement.

This change in average scores pre and post movement is outlined in the bar graph on the next page.

Graph IX


ICAP Results 7:
Problem Behavior Index Changes
0
-1
-2
-3
-4
-5
Avg. Score
-4.32
-2.97
Pre
Post
(This change is not statistically significant.)

Summary - ICAP Problem Behavior Index

What these scores tell us is that this group of individuals rarely acted inappropriately while living in the nursing facilities. After movement to their community homes, the number and frequency of problem behaviors dropped even further after only 9-10 months.

In other similar research studies, problem behavior has sometimes escalated shortly after movement to the community due to the adjustment period that most of us experience when we change our surroundings.

This is not the case for the SPICE participants and says something about their desire and readiness to live in the community.

ICAP SERVICE LEVEL

The ICAP Service Level is a weighted combination of the overall broad independence scores from the four Adaptive Behavior Domains and the General Maladaptive Behavior Index score. The Adaptive score is weighted 70 percent and the General Maladaptive score is weighted 30 percent.

The ICAP produces a score which ranges from 0 to 100 and levels one to nine. The higher scores and levels reflect increased independence and decreased need for help, supervision or services. The chart below outlines the ICAP Service Levels, Scores and Descriptions.

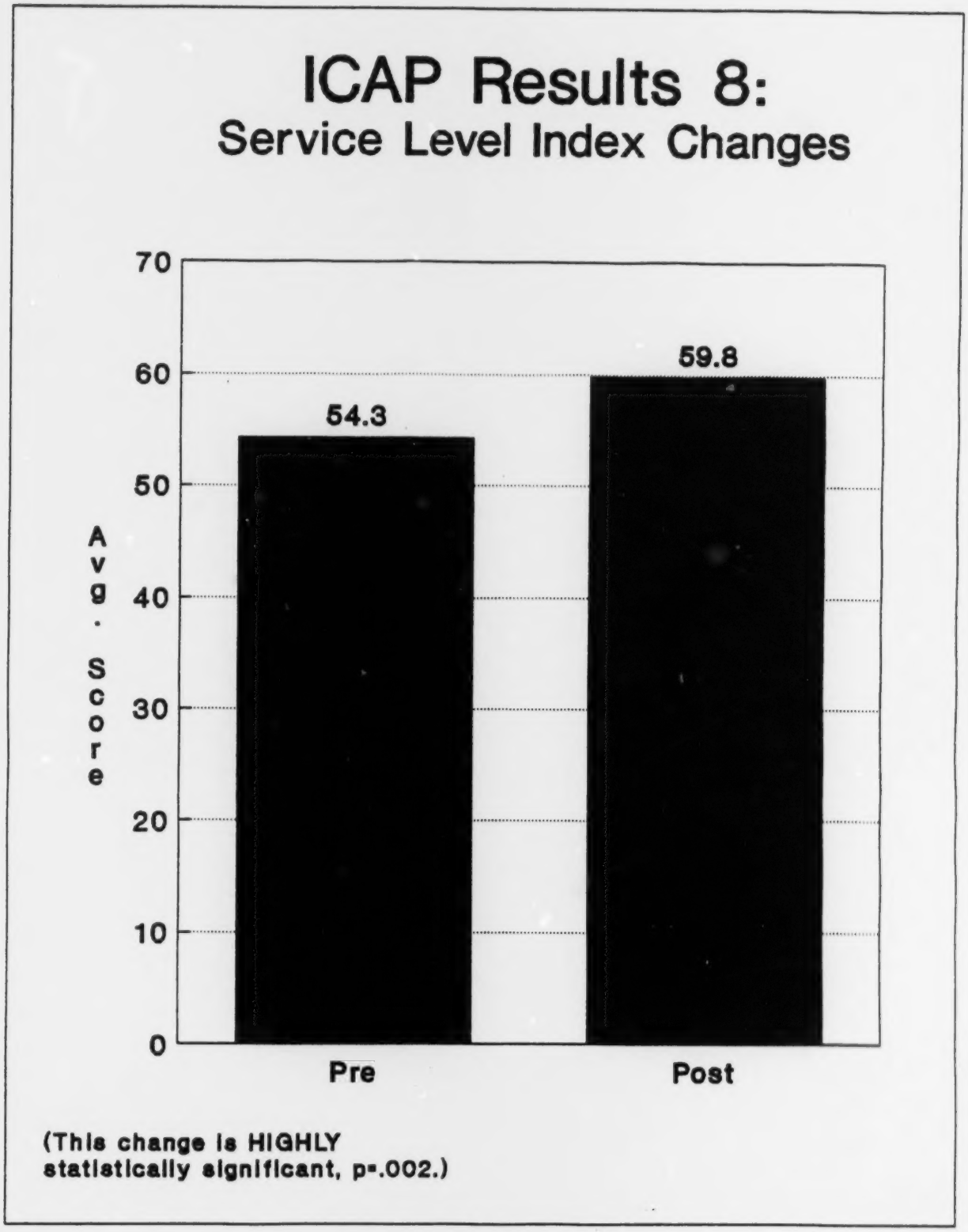
ICAP Service Levels, Scores and Descriptions

Level	Score	Description
1	1-19	Total personal care and intense supervison
2	20-29	
3	30-39	Extensive personal care and/or constant supervision
4	40-49	
5	50-59	Regular personal care and/or close supervision
6	60-69	
7	70-79	Limited personal care and/or regualr supervision
8	80-89	
9	90+	Infrequent or no assistance for daily living

Prior to movement to the community the average ICAP Service Level score for the 37 SPICE participants was 54.32. After movement the average score rose to 59.81, a ten percent increase of 5.49 points. This change is highly significant by paired t-test (t=3.40, 36 df, p=.002).

This represents a 10 percent gain in skills after movement to the community. When comparing the SPICE participants' growth to Conroy and Feinstein Associates' studies of individuals with disabilities using similar scales, the SPICE group exhibited greater development. For example, in Connecticut 12 months after movement from an institution to the community, the individuals studied gained only five percent in skills, in New

Graph X


ICAP Results 8:
Service Level Index Changes
70
60
50
40
30
20
10
0
Avg. Score
54.3
59.8
Pre
Post
(This change is HIGHLY statistically significant, p=.002.)

Hampshire it was six percent and in Louisiana it was six percent. A study conducted by Temple University of Pennsylvanians moving to the community from Pennhurst Center, a large state institution, found eight percent growth after one year in the community. The table below outlines this comparison.

Table 4.

Comparison of Similar Groups' Growth Before and After Movement

	% of Growth
SPICE Participants*	10
Connecticut**	5
Pennsylvania**	8
New Hampshire**	6
Louisiana**	6

** Gain 9-10 months after movement from nursing home to community*
*** Gain 12 months after movement from institution to community*

The ICAP service level average score pre movement was 5.05 which placed the SPICE participants at level 5, "Regular personal care and/or close supervision."

Post movement their average score was 5.57 which placed them between level five and level six. An interpretation of this score would be that these individuals still required some "regular personal care and/or supervision," but the intensity of that care and supervision had lessened after 9-10 months in their community homes.

RESIDENTIAL PLACEMENT

The ICAP contains a section titled "Residential Placement." This section notes the current residence and asks the respondent, based on his/her knowledge of the individual served, to make a "recommended change [in residential service] within the next two years, if any."

Prior to movement all 37 individuals assessed (100 percent) were living in intermediate care nursing facilities or skilled nursing facilities.

Before movement, nursing home respondents were asked if they would suggest any residential service change for the SPICE participants they served. These nursing home respondents said there was no need for a recommended change in residential service for 12 persons (32 percent). Their recommendation for five people (14 percent) was "other," for eight people (21 percent) they recommended "group residence with staff providing care supervision and training," for 11 people (30 percent) they recommended a "semi-independent unit with supervisory staff in the building," for one person (three percent) the recommendation was for "independence with regular home-based services or monitoring."

Table 5.

Pre Movement
Nursing Home Respondents' Residential Recommendations for SPICE Participants

Type of Recommendation	# of Cases	% of Cases
No Change	12	32
Other	5	14
Group Residence w/ Staff	8	21
Semi-Independent	11	30
Independent with monitoring	1	3

After movement 21 people (57 percent) were living in settings described as "independent with regular home based services or monitoring." Another eight (22 percent) were in settings called "semi-independent units with supervisory staff in building," six (16 percent) were in "group residences with staff providing care, supervision, and training," and 2 (five percent) were in settings described as "other." The table on the next page illustrates

the actual residential placements for the 37 SPICE participants after leaving the nursing homes.

Table 6.

Where SPICE Participants Lived In the Community

Type of Residence	# of Cases	% of Cases
Other	2	5
Group Residence w/ Staff	6	16
Semi-Independent	8	22
Independent with monitoring	21	57

Summary - Residential Placement

It appears from the recommendations of nursing home respondents that the individuals for whom they worked were capable of far more independence then they anticipated.

Post movement community respondents were asked where they thought individuals they served should live in the next two years. Only three persons (8 percent) were recommended for a setting other than the one in which they were living. All three were recommended for more independent living: one from semi-independent to independent with assistance; and two individuals from independent with assistance to independent in their own homes or rental units.

DAYTIME PROGRAM

While the 37 SPICE participants resided in the nursing homes some of them attended some type of formal day program outside the facility. The ICAP section 'G' asks respondents to list what type of day program the individual attended.

Prior to movement, seven individuals (19 percent) were not attending any type of formalized day program outside the nursing facility. Seventeen individuals (46 percent) were going to a day activity center (personal, social, prevocational activities), 11 individuals (30 percent) were attending a work activity center (social and vocational training), and two individuals (five percent) were going to a sheltered workshop. The table below outlines these results.

Table 7.

Day Program Spice Participants Attended While Living in the Nursing Homes

Type of Program	# of Cases	% of Cases
None	7	19
Day Activity Center	17	46
Work Activity Center	11	30
Sheltered Workshop	2	5

The second part of the question asks the respondent to recommend a change in day program, if any, for this individual within the next two years. For 22 individuals, nursing home respondents recommended no change and one respondent was unsure about what would be appropriate for one individual. The remaining nursing home respondents stated that six people should attend a day activity center, that six others should attend a work activity center and that one person should be in a sheltered workshop. One individual was recommended for competitive employment. The table at the top of the next page outlines these responses.

Table 8.

Recommended Change in Day Program for Spice Participants While Living in the Nursing Homes

Type of Recommendation	# of Cases	% of Cases
Unknown	1	3
None	22	59
Day Activity Center	6	16
Work Activity Center	6	16
Sheltered Workshop	1	3
Competitive Employment	1	3

After movement to the community, community respondents were asked what type of day program the SPICE participants were attending. Most of the people (20 or 54 percent) were in work activity centers, 13 (35 percent) were in daytime activity centers. Two people were in school (5 percent) one person was in "supervised or supported on-site job placements," and one person listed "other."

Table 9.

Day Program Spice Participants Attended After Movement to The Community

Type of Program	# of Cases	% of Cases
Other	1	3
School	2	5
Day Activity Center	13	35
Work Activity Center	20	54
Supported Employment	1	3

Summary - Daytime Program

After movement from the nursing homes to the community, the SPICE participants' day programs became more productive in nature. For instance, prior to movement 46 percent of individuals were in day activity centers where instruction is provided on personal, social and prevocational

activities. After movement, 35 percent of the SPICE participants were attending a day activity center, a reduction of 11 percent. Prior to movement 30 percent of the SPICE participants were attending a work activity center where social AND vocational training is provided. After movement 54 percent of SPICE participants were going to a work activity center. Prior to movement, no one was in supported employment; after movement one person had a supported job.

There were many recommendations for change in day programs after persons moved to the community. For 23 persons (62 percent) there were no changes recommended, but for the other 38 percent, the following table outlines the recommended pattern of change.

Table 10.

Recommended Change in Day Program Post Movement for SPICE Participants

Type	# of Responses	% of Responses
None	23	62
Work Activity Center to Supported Employment	6	16
School to Supported Emp.	2	5
Daytime Activity Center to Supported Employment	2	5
Other to Supported Employment	1	3
Daytime Activity Center to Competitive	1	3
Supported to Competitive	1	3
Work Activity Center to Daytime Activity Center	1	3

It is important to note that if change was advocated, community respondents recommended that SPICE participants move to more integrated, productive types of daytime programs.

SUPPORT SERVICES

The ICAP asks respondents to list the various types of support services presently being used by the persons for whom they are replying. The second part of this two part question asks the respondent to state which if any support services the individual is not using, but for which an "evaluation is needed."

The following table lists the type of support services SPICE participants were using pre movement, according to nursing home respondents.

Table 11.

Support Services Used Pre Movement by SPICE Participants

Type	# of Responses	% of Cases
Case Management	30	81.1
Home Based Support	1	2.7
Spec. Mecical Care	4	10.8
Spec. Nursing Care	9	24.3
Specialized Mental Health Services	2	5.4
Specialized Nutrition or Dietary Services	3	8.1
Therapies-OT, PT, Speech	16	43.2
Respite Care	1	2.7
Specialized Transportation	16	43.2
Vocational Evaluation	2	5.4

**Total exceeds 37 since some individuals were using more than one service.*

In response to the question about services "not now used, but evaluation needed," the nursing home respondents listed the following:

Table 12.

Pre Movement Response to Support Services "Not Used" by SPICE Participants But Evaluation Needed

Type	# of Responses	% of Cases
None	18	48.6
Case Management	1	2.7
Home Based Support	2	5.4
Spec. Dental Care	2	5.4
Spec. Medical Care	3	8.1
Specialized Nutrition or Dietary Services	1	2.7
Therapies-OT, PT, Speech	7	18.9
Specialized Transportation	4	10.8
Vocational Evaluation	10	27.0
Other	7	18.9

** Total exceeds 37 since some individuals were recommended for an evaluation for more than one service.*

After movement, community respondents were asked which support services, if any, were being used by SPICE participants. The table at the top of the next page depicts this information.

Table 13.

Support Services Used Post Movement by SPICE Participants

Type	# of Responses	% of Cases
None	2	5.4
Case Management	29	78.4
Home Based Support	14	37.8
Spec. Dental Care	3	8.1
Spec. Medical Care	0	0
Spec. Nursing Care	0	0
Specialized Mental Health Services	2	5.4
Specialized Nutrition or Dietary Services	0	0
Therapies-OT, PT, Speech	20	54.1
Respite Care	0	0
Specialized Transp.	16	43.2
Vocational Evaluation	10	27.0
Other	2	5.4

** Total exceeds 37 since some individuals were using more than one service.*

In response to the question about services "not now used, but evaluation needed," the community respondents listed the following:

Table 14.

Post Movement Response to Support Services "Not Used"by SPICE Participants But Evaluation Needed

Type	# of Responses	% of Cases
None	20	54.1
Case Management	5	13.5
Home Based Support	0	0
Spec. Dental Care	0	0
Spec. Medical Care	1	2.7
Spec. Nursing Care	0	0
Spec. Mental Health Services	2	5.4
Specialized Nutrition or Dietary Services	1	2.7
Therapies-OT, PT, Speech	1	2.7
Respite Care	0	0
Specialized Transportation	1	2.7
Vocational Evaluation	3	8.1
Other	4	10.8

** Total exceeds 37 since some individuals were recommended for an evaluation for more than one service.*

Summary - Support Services

Again the decrease in the perceived need for specialized medical services becomes apparent. Before movement, nursing home respondents truly believed that 13 SPICE participants (35 percent) needed either specialized medical or nursing care and that three persons (8.1 percent) required specialized nutrition or dietary services. That was a valid response since the persons for whom they were providing services were living in 'nursing'

homes. After movement no one was using specialized nutrition services or medical or nursing care, although two people were recommended for evaluations.

After movement to the community the support services used became less medical in nature and more community based. For example, prior to movement, only one person was using home based support services. After movement that number rose to 14. Only two people had a vocational evaluation pre movement; after movement 10 people had a vocational evaluation and three persons were recommended for such an evaluation by community respondents. Prior to movement, however, nursing home respondents recommended that 10 persons have a vocational evaluation. In the area of therapies, pre movement 16 people were receiving some type of therapy, i.e. occupational, physical or speech. After movement, 20 persons were receiving such therapy.

While residing in the nursing homes, 30 persons (81.1 percent) had case managers. After movement, 29 persons (78.4 percent) had case managers. This is a curious reduction in case management services and may be related to the time lag in assigning case managers when there is a major change in program. Community respondents did recommend that five SPICE participants be evaluated for case management services.

While the majority (54 percent) of SPICE participants now living in the community appear to need no additional services, 17 persons (46 percent) were recommended for various services, including case management (13.5 percent). The table titled "Post Movement Response to Support Services "Not Used" by SPICE Participants But Evaluation Needed," should be reviewed by SPICE providers to ensure the persons they serve are receiving the supports needed to successfully live in the community.

SOCIAL AND LEISURE ACTIVITIES

This ICAP section asks questions related to SPICE participants' social and leisure activities and is again a two part question since it also asks respondents to list "factors limiting social activities."

Before and after movement, respondents checked all the various social and leisure activities in which each SPICE participant took part within the last month. The table below lists all possible choices and provides a pre and post movement comparison of social and leisure activities.

Table 15.

Pre and Post Movement Responses to Social and Leisure Activities In the Last Month

	# Pre	% Pre	# Post	% Post
None	1	2.7	0	0
Talked to family or friend on phone	21	56.8	30	81.1
Visited with family	19	51.4	23	62.2
Visited with friends or neighbors outside residence	16	43.2	32	86.5
Went shopping or out to eat	22	59.5	36	97.3
Attended outside social or recreational activity	25	67.6	36	97.3
Engaged in hobby or personal leisure activity	21	56.8	25	67.6
Other	8	21.6	5	13.5

**Totals exceed 37 since some individuals participated in more than one activity.*

The number of persons participating in monthly social and leisure activities during a 30 day period made a dramatic increase once SPICE participants moved to the community. For example, in just 9-10 months, the number of persons visiting "with family and neighbors outside the residence" doubled. Other dramatic increases occurred in the areas of "shopping or out to eat" which jumped from 22 individuals participating in such activities (59.5 percent) to 36 persons (97.3 percent) and telephone use which went from 21 individuals using the phone at least once during the month (56.8

percent) to 30 persons (81.1 percent). The increase in telephone usage is also related to the availability of a phone. In the nursing homes, there are few phones available for many people. Once SPICE participants moved to the community, they had almost unlimited access to the phones in their residences.

After movement, almost every person was participating in some type of outside social or recreational ventures and more individuals were engaging in hobbies or other personal leisure activities.

The second part of this question asked respondents to check all applicable "factors limiting social activities."

The table below outlines these responses before and after movement.

Table 16.

Pre and Post Movement Responses to Factors Limiting Social Activities

	# Pre	% Pre	# Post	% Post
None	11	29.7	18	48.6
Lack of interest	5	13.5	5	13.5
No one to accompany	12	32.4	3	8.1
Lack of transportation	11	29.7	6	16.2
Lack of money	2	5.4	11	29.7
Health problem	7	18.9	0	0
Behvior problem	2	5.4	1	2.7
Other	4	10.8	4	10.8

**Totals exceed 37 since some individuals encountered more than one limiting factor.*

Fewer people experienced hurdles to social activities once they moved to the community while the number of persons not interested in participating before movement remained the same after movement. Again, nursing home personnel overrated health problems which were perceived to be an impediment to social activities for seven people pre movement, but disappeared for everyone post movement. The number of persons limited due to behavior problems also dropped from two individuals pre movement

to one person post movement. Interestingly, the lack of money became a greater hurdle for people after movement than it was before. Perhaps this is due to increased opportunities for spending on leisure and social activities and the minimal amount individuals in CILA's are permitted to keep for spending money.

Summary - Social and Leisure Activities

The number of persons participating in an array of social activities made a dramatic gain after movement to the community while the number of perceived impediments to recreation dropped. It appears that SPICE participants after only 9-10 months are enjoying their freedom and expressing their independence in all aspects of their lives including social and leisure functions.

Consumer Satisfaction Pre and Post Movement

"You can go out in the back yard and front yard."
A consumer on his new home.

Consumer Satisfaction Pre and Post Movement

Because any research project is incomplete without data on consumer satisfaction, CAi conducted pre movement and post movement interviews with those consumers who were willing and able to talk about their satisfaction with their residential program. The SPICE evaluation design called for these interviews to be completed at the time the ICAP was administered. The consumer interviews were always conducted in a private location with just the consumer and interviewer present, unless the consumer requested that someone else participate. This was done to assure confidentiality.

The consumer interview consists of 10 questions related to satisfaction with the individual's current residential program. (Please see copy of the "Consumer Interview and Observation" survey in the appendix.)

During the first round of data collection, 29 consumers who were willing and able to respond were asked about their satisfaction with the intermediate care facility (ICF) or skilled nursing facility (SNF) in which they were living. These interviews were conducted between March 1989 and November 1989 by CAi's five interviewers.

Between April 1990 and March 1991, the 29 consumers interviewed before they moved were asked about their satisfaction with the community integrated living arrangements (CILAs) in which they had moved to from their previous ICF or SNF placements. In addition, six movers who did not participate in the pre movement consumer satisfaction survey, were interviewed during the second round (a total of 35). Movers had lived in their CILAs 9-10 months before the CAi interviewer returned to gather the post movement data.

The number of consumers interviewed post movement is greater due to the fact that six individuals were not interviewed about their satisfaction with the nursing homes in which they lived before they moved. For this reason, all data is in percentage form so that the responses of the 29 consumers can be fairly compared to the 35.

Results

Question: *"Do you like living here?"*
The first question in the consumer satisfaction survey asks respondents, "Do you like living here?" The same question was asked of individuals surveyed before and after movement. Table 17 below shows the results pre and post movement.

Table 17.

Pre and Post Movement Comparison
"Do You Like Living Here?"

	% Pre Movement*	% Post Movement**
Yes	24.1	91.4
Not Sure	13.8	5.7
No	62.1	2.9

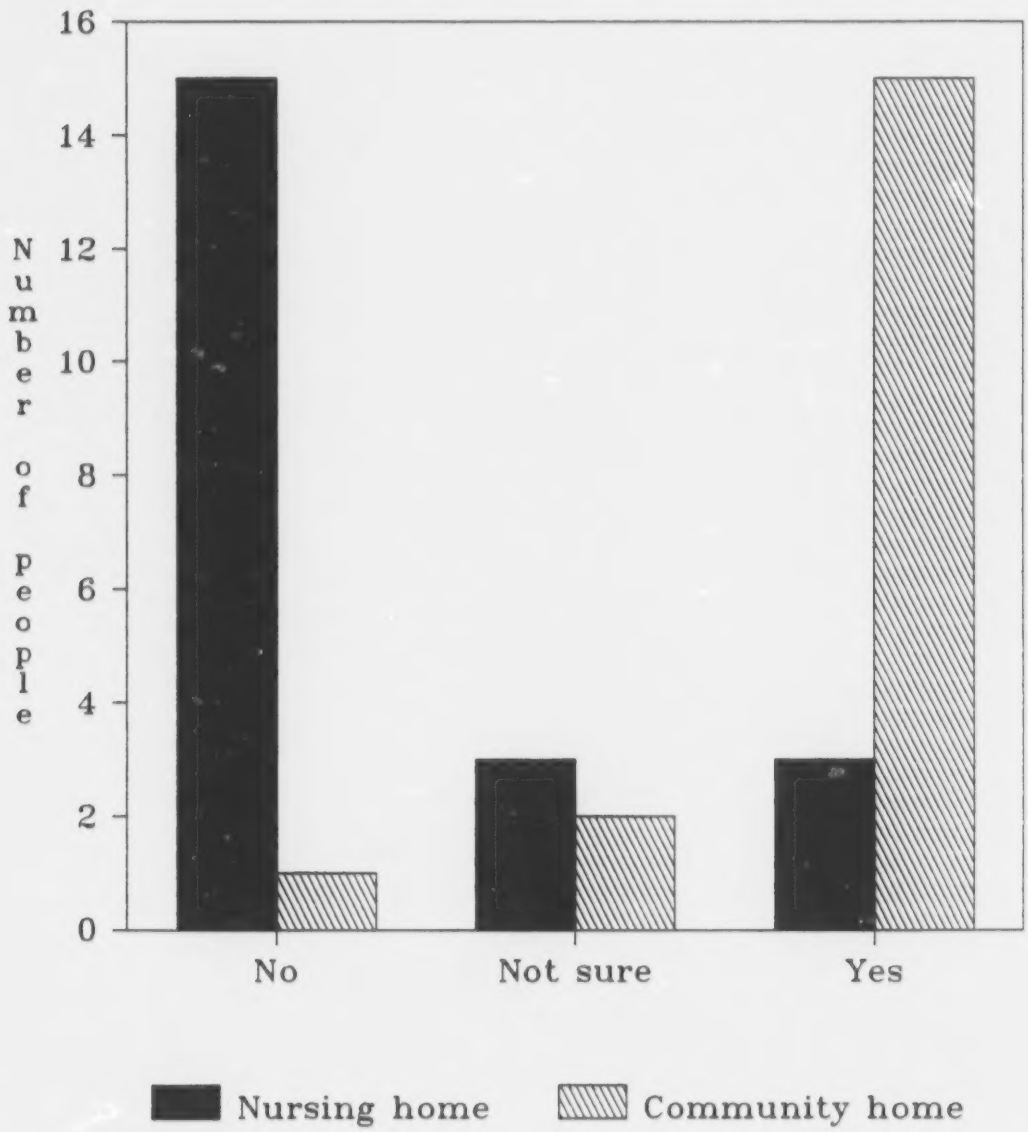
* *Pre Movement - While residing in a nursing home.*
** *Post Movement - Nine to 10 months after moving to a community home.*

Individuals responding to this question send a clear message: they prefer living in the community to residing in a nursing home. Over 62 percent of those responding said they did not like the ICF or SNF in which they lived. Nine-10 months after moving to their community integrated homes, an overwhelming majority (91.4 percent) said they liked their new homes. Two people were not sure whether or not they liked their new abodes and only one person was dissatisfied with his/her community residence, compared to 18 persons who were dissatisfied with their nursing homes. The bar graph on the following page presents these findings in another way.

Question: *"Do you like the staff people?"*
When asked about the staff people who served them, the majority of consumers seemed to be pleased with these individuals pre and post movement, although a greater percentage (22.9 percent) of those living in the community were satisfied with staff working with them. Table 18 on page 53 outlines these findings.

Graph XI

Do You Like Living Here? Before and After Placement



n = 21

Table 18.

Pre and Post Movement Comparison
"Do You Like Staff People?"

	% Pre Movement	% Post Movement
Yes	71.4	94.2
Not Sure	10.7	2.9
No	17.9	2.9

Question: ***"Do you like the other people who live here?"***
When asked whether they liked their fellow residents, there was greater dissatisfaction with their fellow residents while the consumers resided in nursing homes. This is not surprising. Because the numbers of people are much greater in a congregate care facility, there are more people to dislike. The community homes to which these respondents moved were limited to one or two people. Table 19 graphically represents the pre and post responses to this question. The graph on the next page also illustrates these findings.

Table 19.

Pre and Post Movement Comparison
"Do You Like the Other People
Who Live Here?"

	% Pre Movement*	% Post Movement**
Yes	27.6	69.7
Some, Not All	58.6	18.2
Not Sure	3.4	9.1
No	10.3	3.0

Question: ***"Are the staff persons mean or nice to you?"***
The perception of these consumers is that staff persons who served them in the community residences at the time of these surveys were nicer than those who provided services to them in the nursing homes. The following table on page 55 and the graph on page 56 emphasize this point.

Graph XII

Do You Like The Other People Who Live Here?

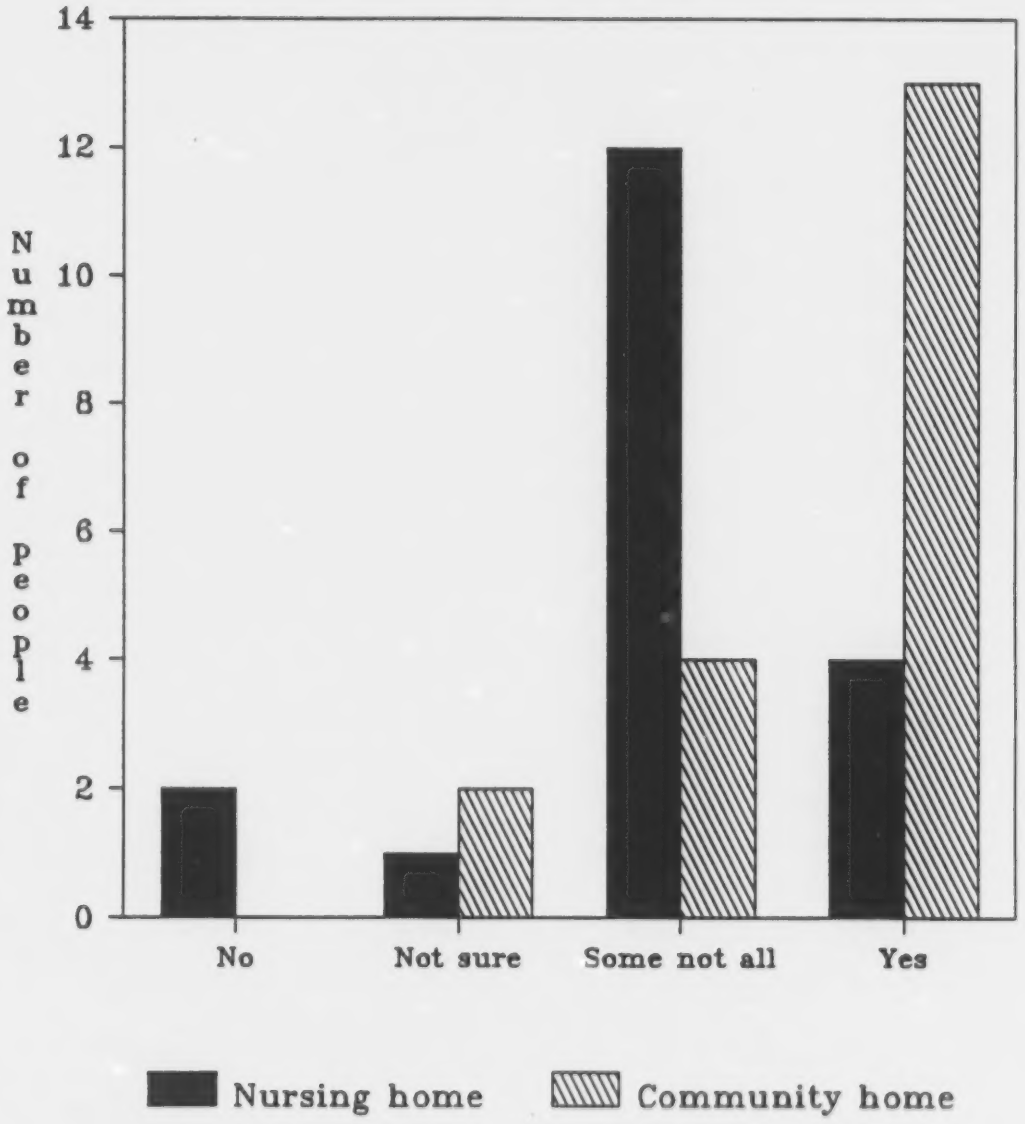


Table 20.

Pre and Post Movement Comparison
"Are the Staff People Mean or Nice to You?"

	% Pre Movement	% Post Movement
Nice	55.2	88.5
In Between	37.9	8.6
Mean	6.9	2.9

Question: ***"Is there someplace else you would rather live?"***
Perhaps the most striking result of this consumer survey is the response to the question, "Is there someplace else you would rather live?" All but three of the persons post movement said "no." Conversely, while living in the nursing home 19 people said "yes." Table 21 is a visual representation of the same data as is the bar graph which appears on page 57.

Table 21.

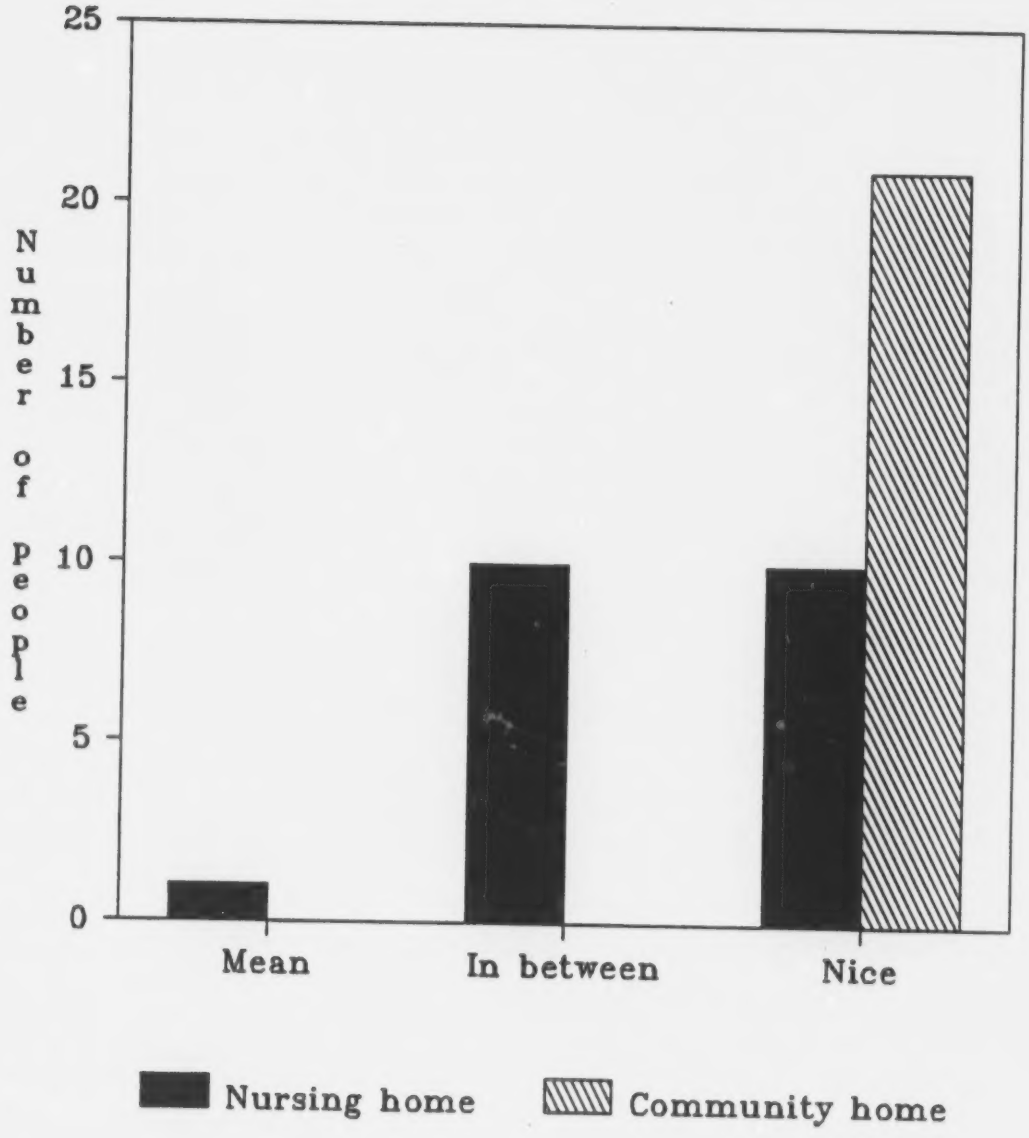
Pre and Post Movement Comparison
"Is there someplace else you would rather live?"

	% Pre Movement	% Post Movement
Yes	85.7	8.8
Not Sure	10.7	11.8
No	3.6	79.4

Question: ***"Which home makes you happiest?"***
Tne consumer survey included a question for movers only that asked, "What makes you happiest?" The potential answers included, 'your new home'; 'the nursing home you used to live in'; 'a residence you used to live in [before nursing home]'; and 'not sure'. Over 88 percent of the 34 movers responding to this question said their new home made them 'happiest'. One respondent said the 'nursing home' made him happiest and two people said it was a previous residence. One individual was not sure.

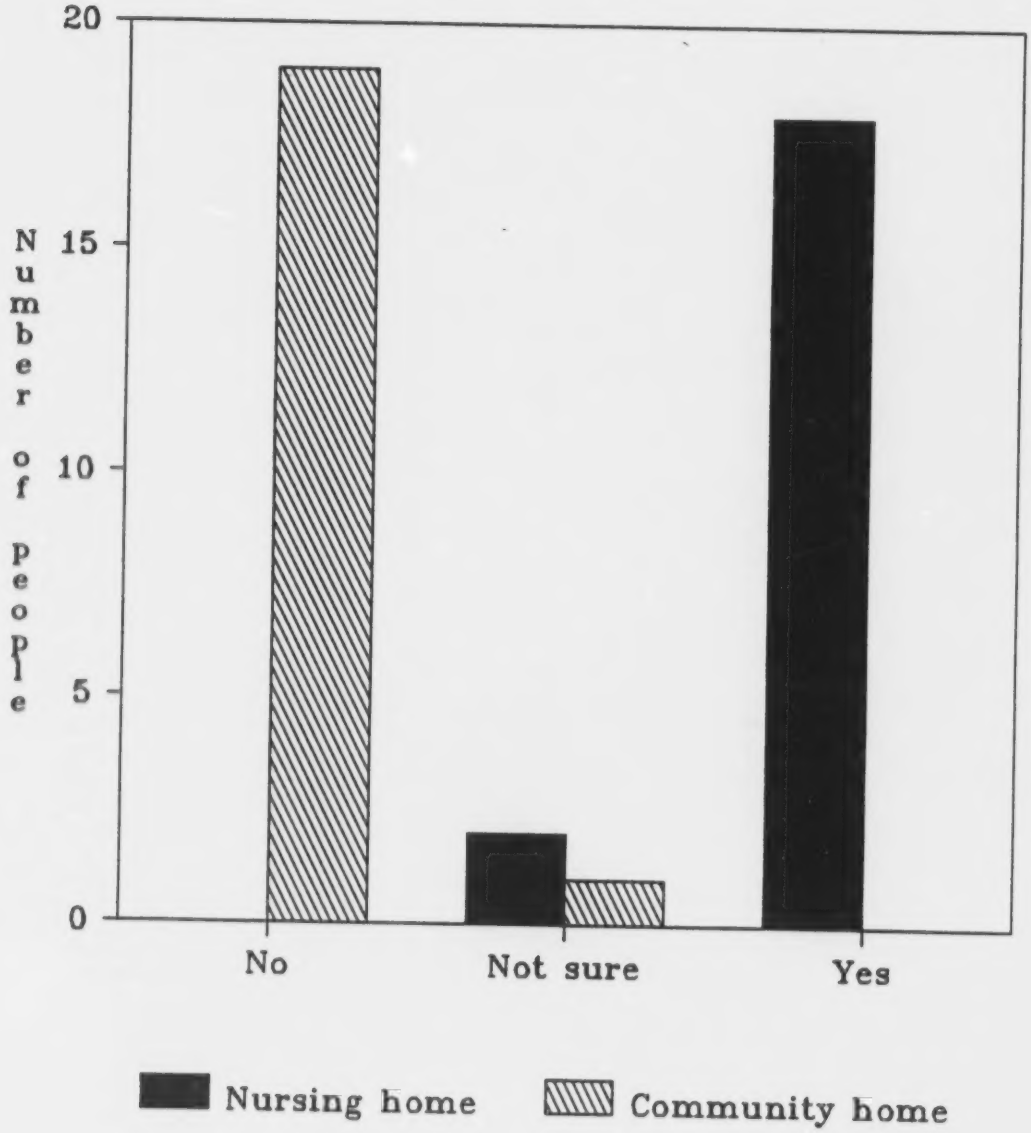
Graph XIII

Are Staff People Mean Or Nice To You?



Graph XIV

Is There Someplace Else You Would Rather Live?



Question: *"What makes you happiest about this home?"*
Two questions related to happiness were asked pre and post movement. The first asked respondents what made them happiest about their current home and the subsequent question asked what made them most unhappy about their current home.

Most of the responses fell in the other category. The next highest response to the question about what made an individual happiest for those still residing in the nursing home was "being with friends" (23.1 percent). After the move to the community, the next highest response was "people I live with" (17.8 percent).

Some of the 'other' responses to this question given while the individuals surveyed were living in the nursing homes included:

Comments Pre Movement to, "What Makes You Happiest...?"
"The care we get."
"One aid is good - Jim."
"You have a lot of people who care about you."
"Nothing"
"Going on vacations."
"The aides, the laundry man, the dietitian.

Some of the 'other' responses given after the individuals surveyed moved to their community homes included:

Comments Post Movement to, "What Makes You Happiest...?"
"Ability to be on your own, don't have to listen to people."
"No noise."
"I like the furniture."
"They take me out places."
"I have more freedom. I can cook my own meals and eat when I want to eat."
"The food is good."
"Like making my own meals."
"I like the house. It is clean and safe."
"I can come home and eat when I want to."
"Greater independence."
"She makes her own choices about things."
"Being on my own."
"You have to follow rules, but you can make decisions about

what's right for your life."
"You can go out in the back yard and front yard."
"I get more freedom."
"Get to go places and do things, maybe even Six Flags."
"It's neat and clean. [We] go shopping."
"I like it."
"The shower is in the bathroom."

Question: *"What makes you most unhappy about this home?"*
When asked what made them unhappy about their homes, 'other' was again the top choice with "loneliness" (14.3 percent) the second most frequent response pre-movement and "being away from old friends" (5.9 percent) and "using public transportation" (5.9 percent) tied for the second most frequent response post-movement.

The 'other' responses to this question given while the individuals surveyed were living in the nursing homes are listed below.

Comments Pre Movement to, "What Makes You Unhappy...?"
"Losing personal items."
"No money."
"Can't buy things."
"Short of staff."
"The older people here bother me."
"Lack of staff."
"I feel cut off from my dad."
"The others fighting and carrying on."
"It's depressing."
"When people steal things from my room."
"The residents are older."
"Place is not appropriate for me."
"Staff doesn't brush my teeth daily. Staff doesn't like feeding me."
"When people die."
"Not being able to sleep and keep regular hours like the rest of the residents."

Some of the 'other' responses to this question given after the individuals surveyed moved to their community homes are also included.

Comments Post Movement to, "What Makes You Unhappy...?"

"Nothing!"
"Sometimes I hear about things that happened at the nursing home."
"[I] would like to see my parents more often."
"Nothing!"
"I don't feel sad or unhappy at all."
"Don't like rules, but can't do anything about that."
"When there are disagreements."
"Nope, I'm satisfied."
"I hate thunderstorms."
"Can't think of anything right now."

Question: *"Is there anything else you would like to tell me?"*
When asked if they had, "anything else they would like to say," at the interview's end, many of the respondents said "yes." These comments are noted below.

Comments pre movement to, "Is there anything else you would like to tell me?"

"I will miss some of the staff."
"You don't have a lot of freedom. I've been here twelve years and I'm ready to get out."
"I would like to get out of here as soon as possible." (This respondent was married and also said that she wanted her husband to learn how to self-feed with adaptive devices.)
"Will be glad to move and be started on the rest of my life."
"Does not like to be restricted, knows limitations, wants to improve himself.
"Had money stolen two weeks ago, this is not the first time it happened."

Comments post movement to, "Is there anything you would like to tell me?"

"I can come and go as I please. Nursing home has too many old people and too many rules. Here I am my own boss."
"We all have problems, but when I have a problem I solve my problem."
"On May 28, she moved into her own apartment from the

SPICE home for more privacy."

"I want to do less at the day program (they are teaching me things I already know) and I would like to get an electric wheelchair."

"I like living in this home because other people don't come into my room and bother me or tell me what to do. No one picks my things up or moves them around like they did in the nursing home. I am freer to go places and do things. I get better care than when I was in the nursing home."

Consumer Observation

At the end of the consumer survey there is a section titled "Consumer Observation." The instructions to interviewers is to observe and document whether the person interviewed is dressed, clean and groomed appropriately. CAi's interviewers found that every person interviewed pre and post was dressed appropriately. However, interviewers did note that one fourth of those still residing in the nursing homes was not clean and groomed appropriately. After movement to community residences, only one person (2.9 percent) of those interviewed was found inappropriately groomed and not clean.

Summary

The persons participating in the SPICE project send a clear message: they prefer community living to residing in an ICF or SNF. They are happier with the services, appear to like the staff people and their fellow residents better, and almost 80 percent say there is no place else they would rather live than their community homes. Their comments are especially revealing and depict a group of individuals thrilled with the freedom and comforts their new homes offer. Their comments also prove that it is the simple things in life that count the most. As one individual remarked after being asked what made him happiest about his new home, "The shower is in the bathroom."

Family Satisfaction Pre and Post Movement

"SPICE looks like a dream come true."
A parent on one of the new homes.

Family Satisfaction Pre and Post Movement

The personal success of most individuals is often inspired by their families. For this reason, a vital component of the SPICE project was the family satisfaction survey.

The SPICE family interviews were conducted by two human service professionals during evening hours by telephone. The number of families is fewer than the number of consumer participants since some families were unwilling to participate or could not be reached.

There were two family satisfaction surveys: a pre movement survey and a post movement survey. This was necessary since some questions changed when their relatives moved from the nursing homes to the community living arrangements. (See copies of "Family Satisfaction Surveys" in the appendix.)

Prior to their relatives' movement to the community, 22 families were interviewed. After their relatives moved to the community, 14 families were interviewed.

The number of individuals post movement is fewer because surveyors were unable to reach eight families during the second round of data collection. For this reason, all data is in percentage form so that the responses of the 22 families can be fairly compared to the 14.

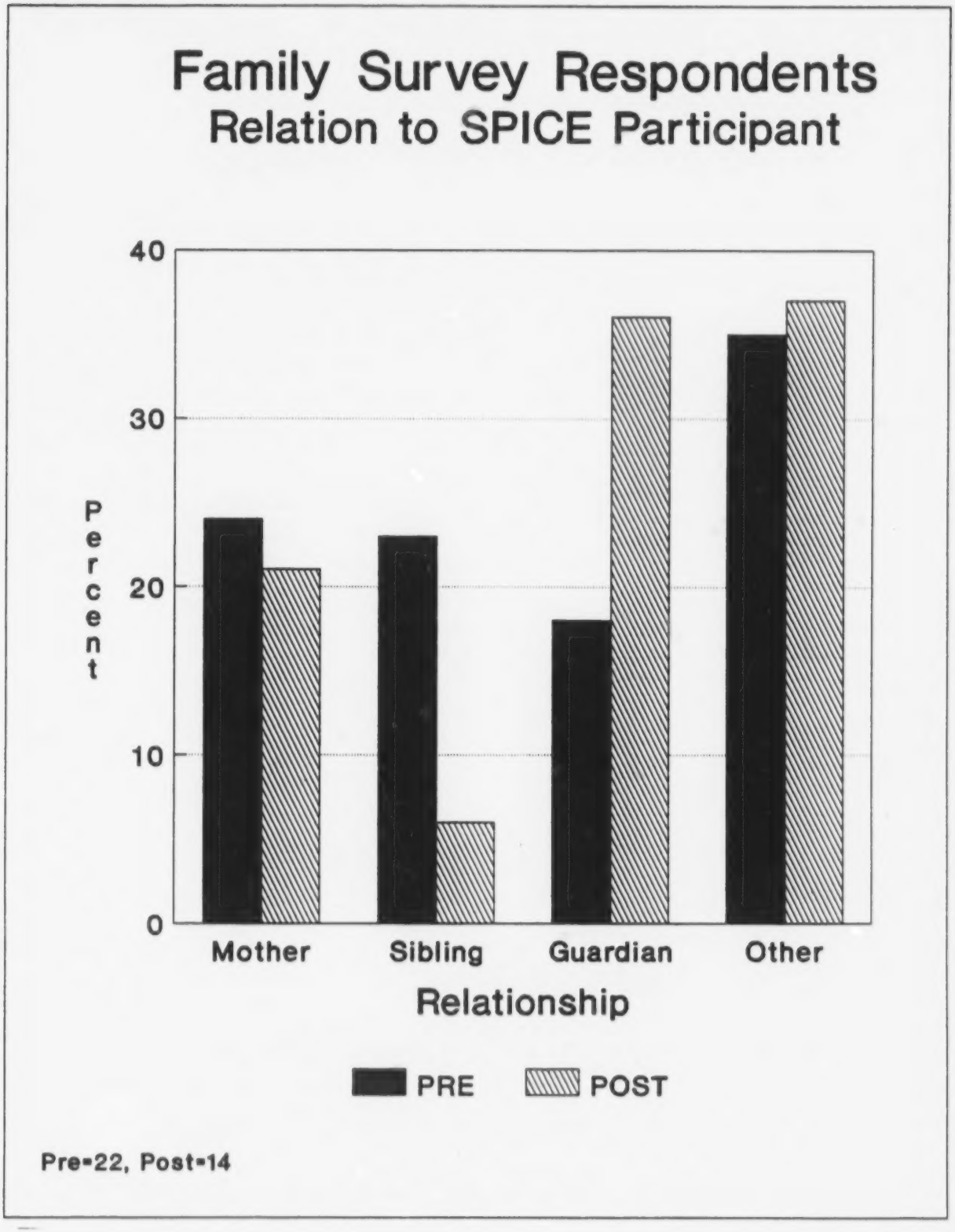
Results

During the first round of data collection sisters and brothers made up the greatest percentage (22.7 percent) of respondents, guardians were next (18.2 percent) and mothers followed (13.6 percent). Other respondents included those listed as grandparents, fathers and others who were not categorized.

During the second round of data collection, after their relatives had moved to the community, mothers made up the greatest percentage of respondents (35.7 percent) with sisters and brothers and those who could not be categorized following (each 21.4 percent). Others responding included one guardian/advocate, one grandparent and one father. The bar graph on the next page depicts this data.

The age of respondents pre movement ranged from 31-35 years (13.6 percent) to 71+ years (9.1 percent). The greatest percentage of respondents was in the age range of 66-70 years (22.7 percent) with the

Graph XV


Family Survey Respondents
Relation to SPICE Participant
40
30
20
10
0
Percent
Mother
Sibling
Guardian
Other
Relationship
PRE
POST
Pre=22, Post=14

next greatest percentage falling in the 46-50 and 51-55 year range (13.6 percent respectively.)

The age of respondents post movement ranged from 26-30 (7.1 percent) to 71+ (7.1 percent). The greatest percentage of respondents was in the 66-70 age range (28.6 percent) with the second highest being the 51-55 range (21.4 percent).

Overall, a mature group of respondents.

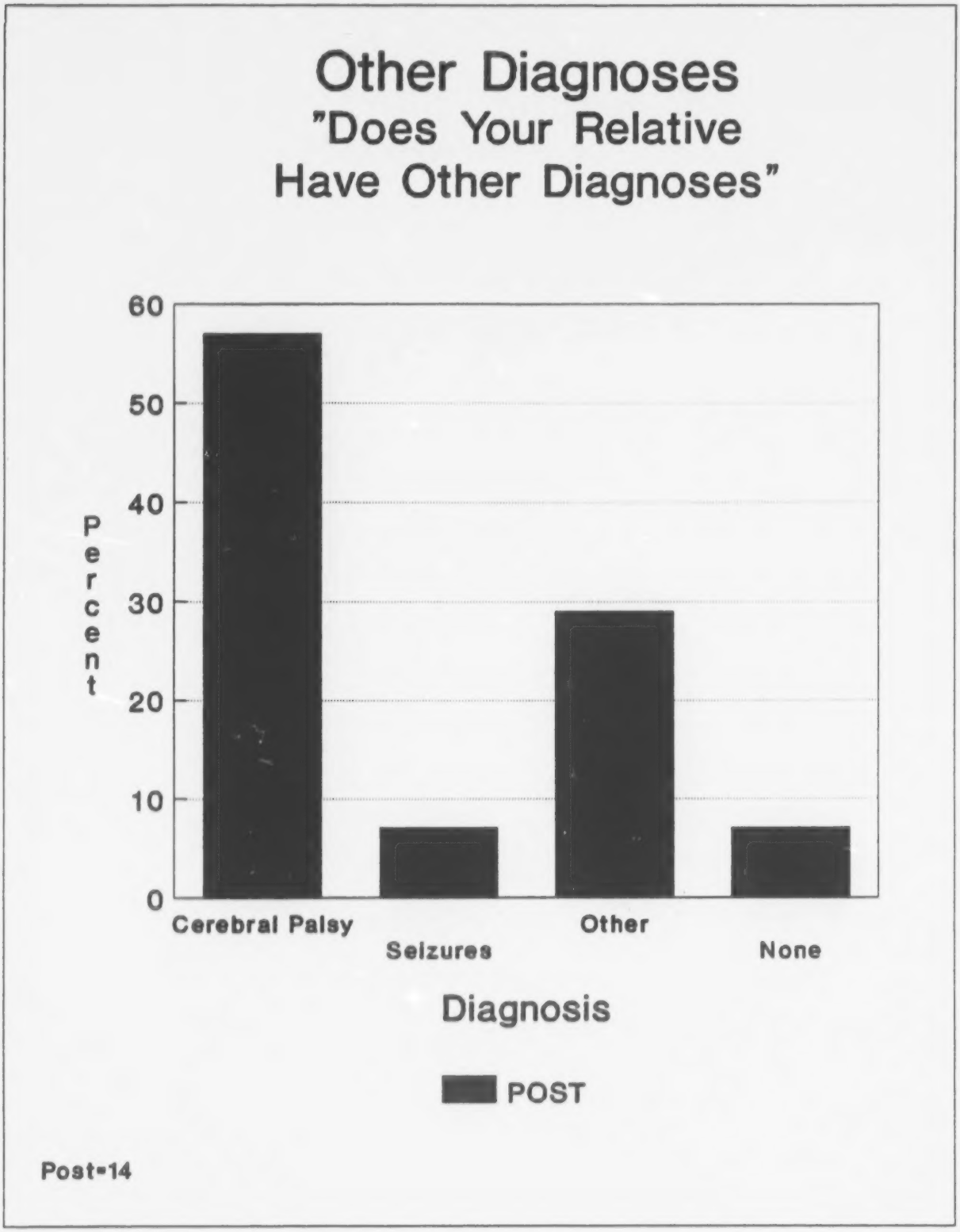
Question: ***"Is your relative mentally retarded?"***
When asked if their relative was mentally retarded, families responding said that none of their families members were profoundly retarded during the first round of data collection. Four individuals were severely retarded, three were moderately retarded, seven were mildly retarded and five individuals had no mental retardation, according to their families. Three individuals did not know whether or not their relative had mental retardation.

After their movement to the community, the 14 families responding said two had no mental retardation, eight were mildly retarded, one was moderately retarded, one was severely retarded and one was profoundly retarded. One individual said he did not know whether or not his relative had mental retardation.

Question: ***"Does your relative have other diagnoses?"***
In response to the question about other diagnoses, 63.6 percent of families pre movement said their relatives also had cerebral palsy. During the second round of data collection, 57.l percent of families said their relatives had cerebral palsy. Other diagnoses during the first and second rounds of data collection included epilepsy or seizures and four respondents post movement listed other in response to this question. Five families listed no other diagnosis pre movement and one individual listed this response post movement. The bar graph on the next page depicts the percentage of persons with cerebral palsy and other diagnoses.

Question: ***"Where did your family member live before moving to this nursing home?"***
During the pre movement family satisfaction survey, families were asked where their relative lived before he/she moved to the nursing home. The greatest percentage responded that their relative had lived in a nursing home prior to this placement (38.1 percent), the next highest response was in a state institution (28.6 percent) and some responded (19 percent) that their relative had lived with them. One person said his relative had lived in a specialized living center (4.8 percent) and two persons listed 'other' as

Graph XVI


Other Diagnoses
"Does Your Relative
Have Other Diagnoses"
60
50
40
30
20
10
0
Percent
Cerebral Palsy
Seizures
Other
None
Diagnosis
POST
Post=14

their response (9.5 percent).

Question: ***"How often have you visited your relative in the past year?"***
Of the families interviewed, the majority visited their relatives on a fairly regular basis. Only one individual pre movement said he/she had not visited "at all in the past year."

Question: ***"How often has your relative come to visit you in the past year?"***
When asked whether their relatives came to visit them, respondents noted the number of visits increased slightly after the individuals moved to the community. The table below outlines the amount of visitation to a relatives' or guardians' home.

Table 22.

Pre and Post Movement Family Survey Comparison
"How Often Has (Relative's Name)
Come To Visit You in The Past Year?"

	% Pre Movement	% Post Movement
Not in Past Year	45.5	42.9
1 - 2 x Annually	18.2	28.6
Every 3 Months	18.2	21.4
Once A Month	9.1	7.1
Once A Week	9.1	0

Question: ***"How do you feel about the home where your relative lives?"***
Just as consumers were happier with their new homes, so were their relatives and guardians. When asked how they felt about the nursing homes where their relatives lived, respondents reflected their relatives' dissatisfaction. After answering, one relative commented: "He lives on a very "confused" floor, like a mental institution."

When asked post movement how they felt about their relatives' home, relatives responded positively to the community homes with well over the majority of families expressing dissatisfaction with the nursing homes. The table and the bar graph on the next two pages depict these results.

Graph XVII

Family Satisfaction
With Residential Placement
100
80
60
40
20
0
Percent
V. Satis
Satis
Neutral
Dissat
V. Dissat
Satisfaction Level
PRE
POST
Pre=22, Post=14

Table 23.

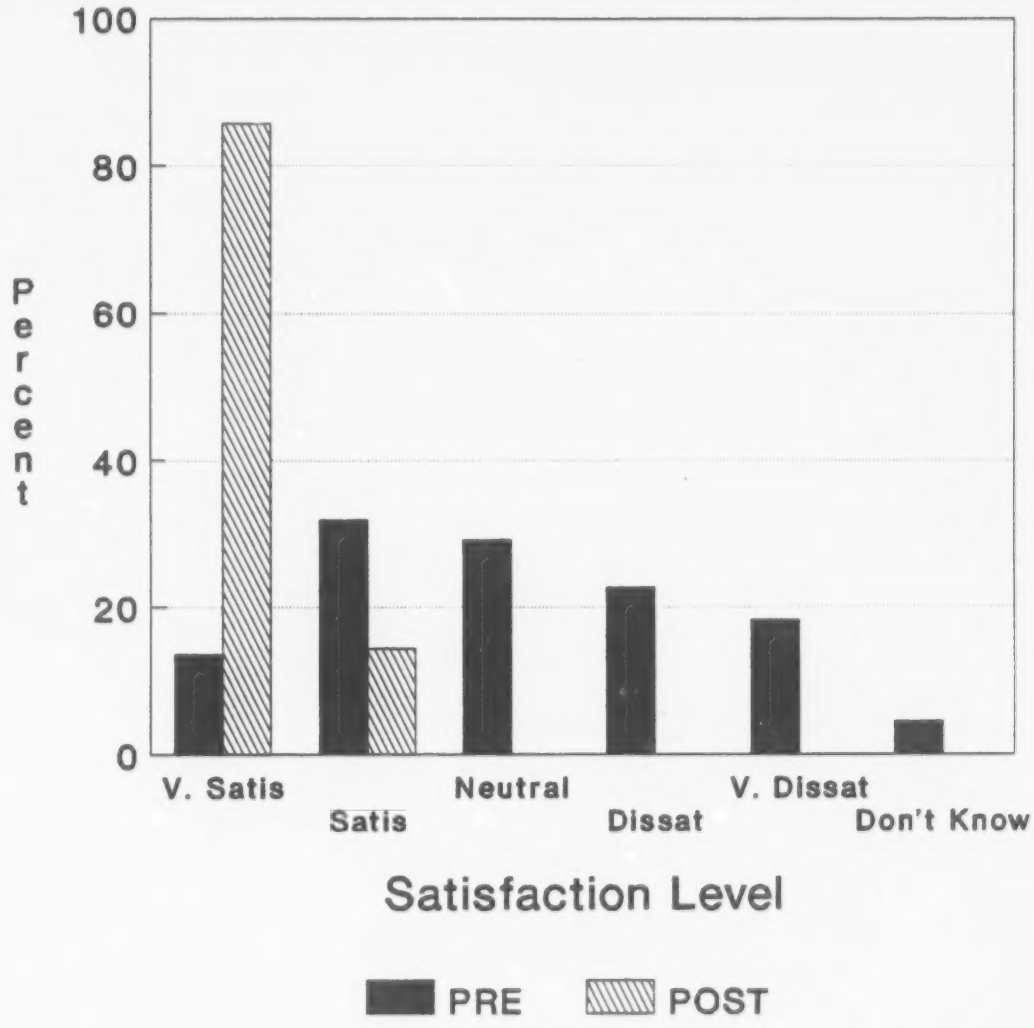
Pre and Post Movement Family Survey Comparison
"How Satisfied Are You with Your
Relative's Residential Placement?"

	% Pre Movement	% Post Movement
Very Satisfied	18.2	78.6
Somewhat Satisfied	18.2	14.3
Neutral	4.5	0
Somewhat Dissatisfied	36.4	7.1
Very Dissatisfied	22.7	0

Question: ***"How happy do you think your relative is with his/her residential placement?"***
When asked to project their relatives' happiness with their residential placements, families believed their relatives were happier than they actually were with their nursing home experience. The table on page 71 and the bar graph on the next page compare pre and post family data and reflect how much happier families believed their relatives were after moving to a community home. When consumer satisfaction data is reviewed, it shows that well over the majority of consumers were dissatisfied with the nursing homes in which they lived. For example, prior to movement only 24.1 percent said they liked where they lived. Post movement, 91.4 percent said they liked their homes. Pre movement, 85.7 percent of consumers polled said they desired another place to live. Post movement only 8.8 percent of consumers wanted to move.

Graph XVIII

Family Perception
Of Relative's Satisfaction With Residential Placement



Pre=22, Post=14

Table 24.

Pre and Post Movement Family Survey Comparison
"How Happy Do You Think Your Relative
Is With His/Her Residential Placement?"

	% Pre Movement	% Post Movement
Very Happy	13.6	85.7
Happy	31.8	14.3
Neutral	29.1	0
Unhappy	22.7	0
Very Unhappy	18.2	0
Don't Know	4.5	0

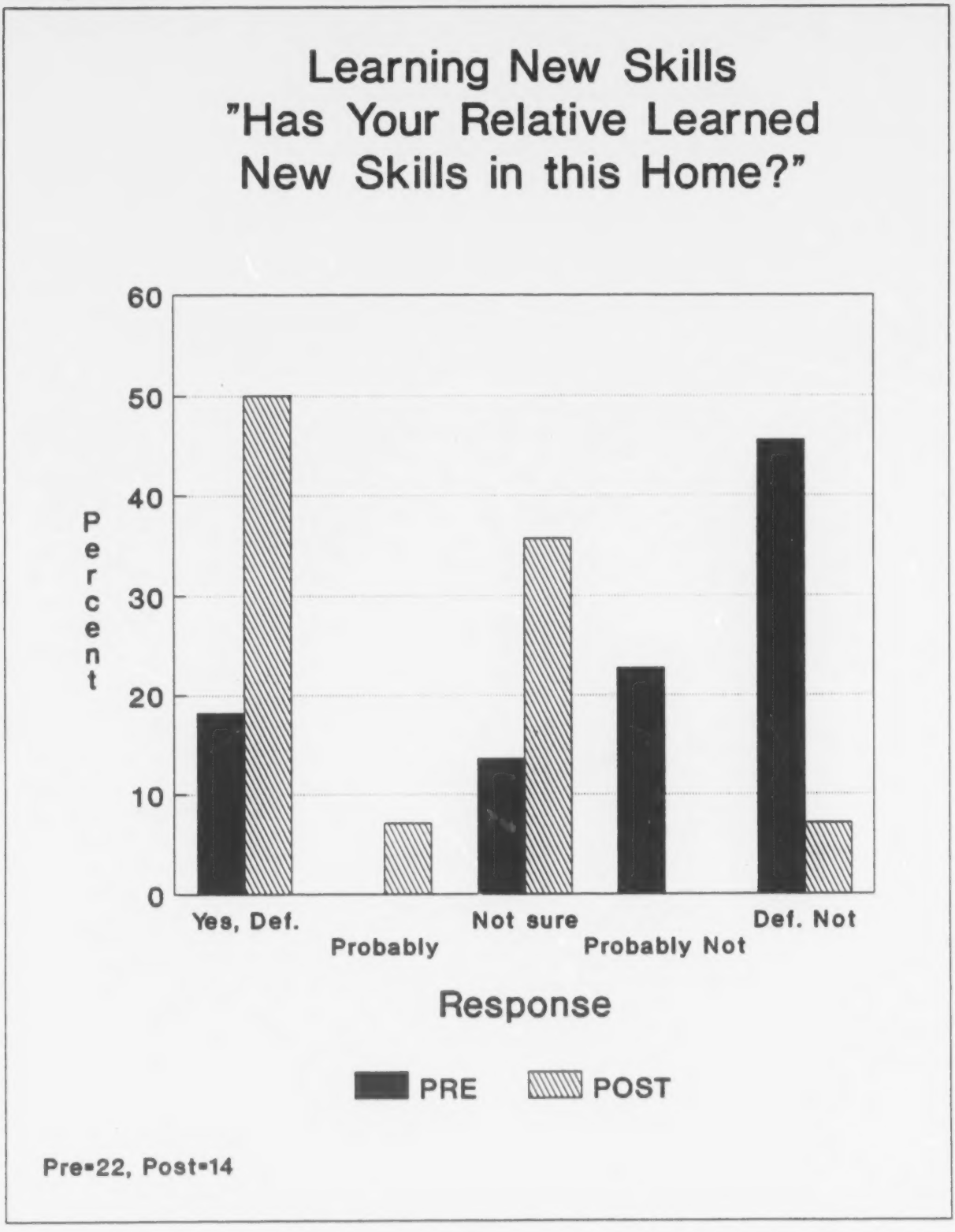
Question: ***"Do you think your relative has learned any new skills while living in this residence?"***
When asked whether they thought their relatives had learned new skills while living in the nursing home, 18.2 percent of the families said 'yes, definitely' with the majority of families responding 'probably not' or 'definitely not' (68.2 percent). One family member commented, "They don't have programs or time to teach anything." Three persons (13.6 percent) were unsure.

Conversely, as families visited their relatives in their new homes, over 57 percent responded 'probably' or 'yes,definitely' that their relatives had learned new skills. Over thirty five percent (five respondents) were unsure and only 7.1 percent (one person) said definitely not. The bar graph on the following page illustrates the pre and post responses related to skill development. Families wanted to talk about their relatives' progress after movement.

Comments Post Movement to, "Has relative learned any new skills?"
"[My relative] is learning self help skills, can give self a bath, and everyday living."

"He clears the dishes, and has more independent living skills."

Graph XIX


Learning New Skills
"Has Your Relative Learned
New Skills in this Home?"
60
50
40
30
20
10
0
Percent
Yes, Def.
Probably
Not sure
Probably Not
Def. Not
Response
PRE
POST
Pre=22, Post=14

Question: ***"Do you think your relative can do more things on his/her own as compared to before moving to this residence?"***
While their family members were still living in the nursing homes a related question asked families whether they thought their relatives could do more now than before the move to the nursing home. Over 49 percent responded 'Yes, definitely' or 'Probably' to this question, six (27.3 percent) were unsure and five or (22.7 percent) said 'definitely not'.

After their relatives had been in their new homes 9-10 months, families were again asked if they thought their relatives could do more things on their own now that they had moved to the community. Over 64 percent said 'Yes, definitely' or 'Probably', four respondents (28.6 percent) were unsure and one family member said 'Definitely not.' Please see the bar graph on the following page.

In addition to responding to the survey, families had pre and post comments on this subject.

Comments Pre Movement to, "Can relative do more on his/her own?"
"The activity director is great but the place is not geared for mentally and physically disabled people."

"Improvements have been made because of the day program."

"His hands are no longer permanently clenched and other physical improvements have been made."

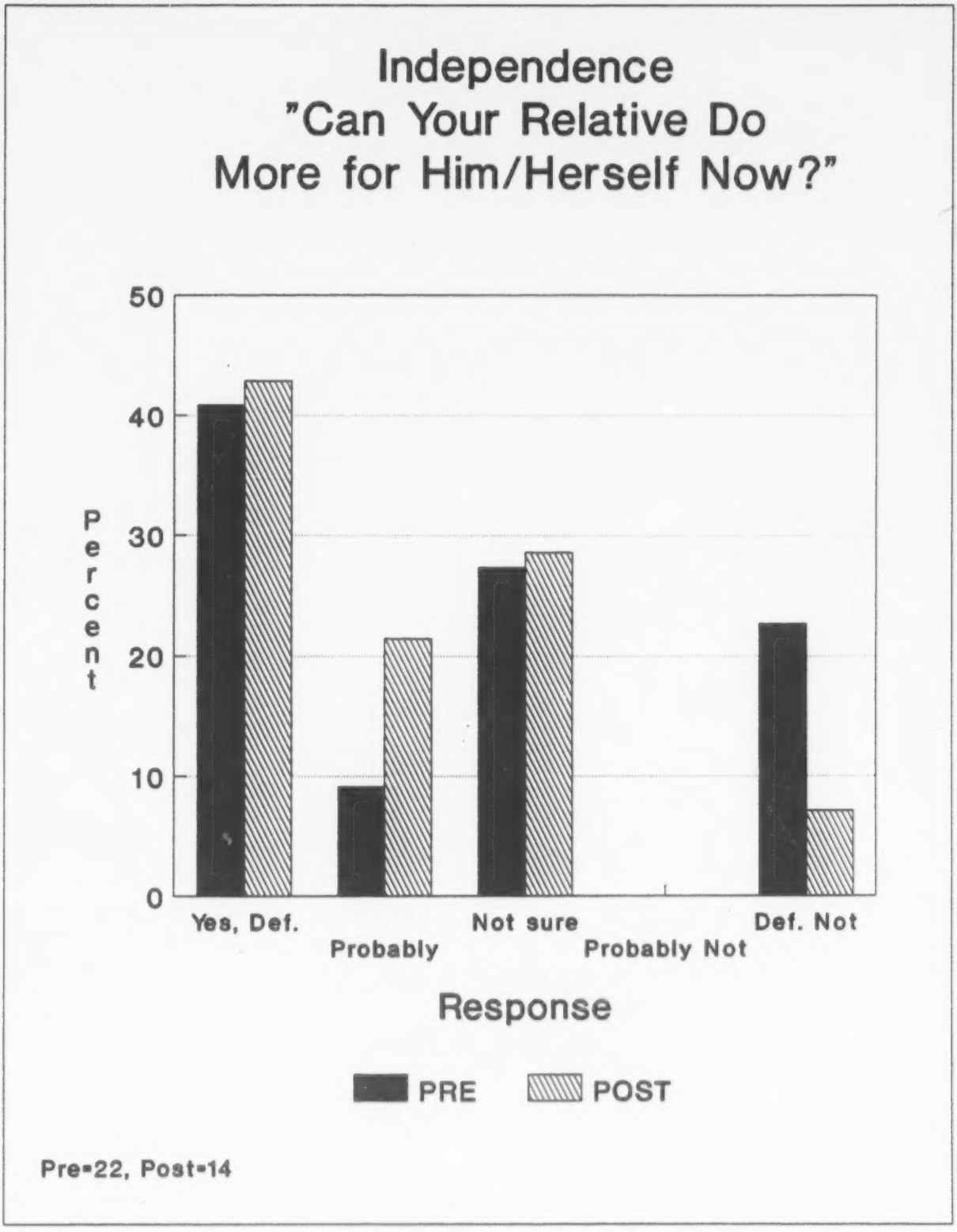
Comments Post Movement to, "Can relative do more on his/her own?"
"He is working on showers, washing hair and is writing checks."

"He helps clean the apartment, goes shopping and is learning how to bake and cook."

"He is cooking, cleaning, and can self-help."

"[My relative's] personality and behavior has made a complete turn around."

Graph XX


Independence
"Can Your Relative Do
More for Him/Herself Now?"
50
40
30
20
10
0
Percent
Yes, Def.
Probably
Not sure
Probably Not
Def. Not
Response
PRE
POST
Pre=22, Post=14

"[My relative] is getting out more"

"[She] planned Christmas dinner and goes shopping"

Question: *"How satisfied are you with the staff people who work directly with your relative?"*
Families' satisfaction with staff in the community residences and in the nursing homes varied somewhat; however, neither group said they were ' 'very satisfied' with the staff at either location. Table 25 and the following bar graph graphically display these findings.

Table 25.

Pre and Post Movement Family Survey Comparison "How Satisfied Are You with The Staff People Who Work Directly with Your Relative?"

	%Pre movement	% Post Movement
Very Satisfied	0	0
Somewhat Satisfied	31.8	42.8
Neutral	27.3	14.3
Somewhat Dissatisfied	9.1	14.3
Very Dissatisfied	18.2	14.3
Don't Know	13.6	14.3

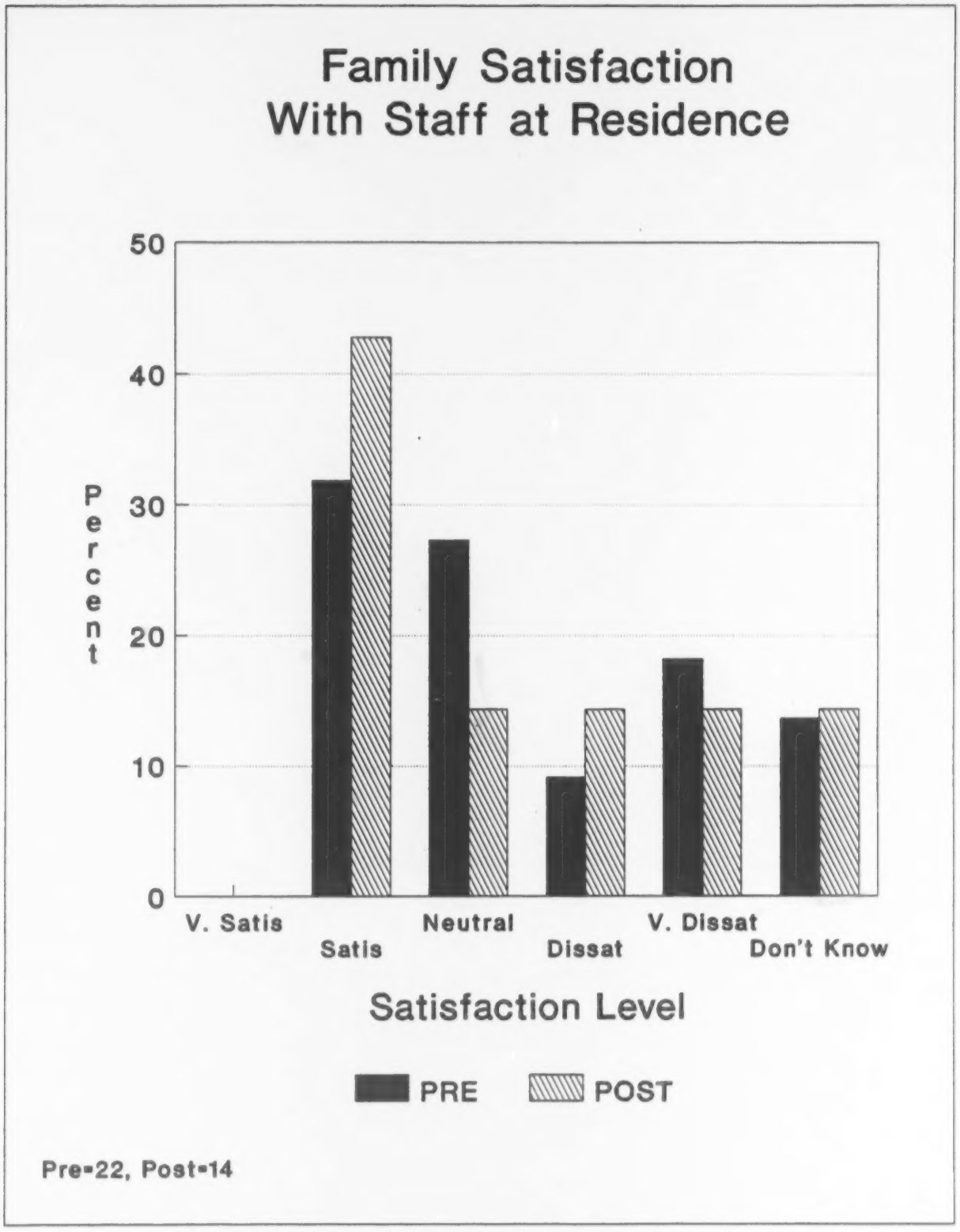
Families had many comments about the nursing home staff. There were no comments about staff post movement.

Comments Pre Movement Related to Nursing Home Staff
"People are good and helpful but they aren't able to give W. the special attention and services he needs."

"All the new staff start on S's floor, if they are good, they move to another floor. They were good for awhile, but are not caring now. They handle people like cattle - except for a few people."

"There is a lack of training and experience with persons with developmental disabilities."

Graph XXI


Family Satisfaction
With Staff at Residence
50
40
30
20
10
0
Percent
V. Satis
Satis
Neutral
Dissat
V. Dissat
Don't Know
Satisfaction Level
PRE
POST
Pre=22, Post=14

"They didn't keep him clean, brush his teeth, his hair was not combed. He was left in bed too long and got bed sores."

"They used diapers on him even though he didn't need them."

Question: ***"How satisfied are you with the way this home is managed?"***

Families were also asked to rate their satisfaction with the management of the nursing home and then the community residence. Again, not one of the families said they were 'Very, satisfied' with the management at either location. However, the percentage of 'Somewhat satisfied' families was over twice as great once their relatives had moved to the community. Table 26 and the bar graph on the next page depict these results.

Table 26.

Pre and Post Movement Family Survey Comparison
"How Satisfied Are You with The Management of This Residential Service?"

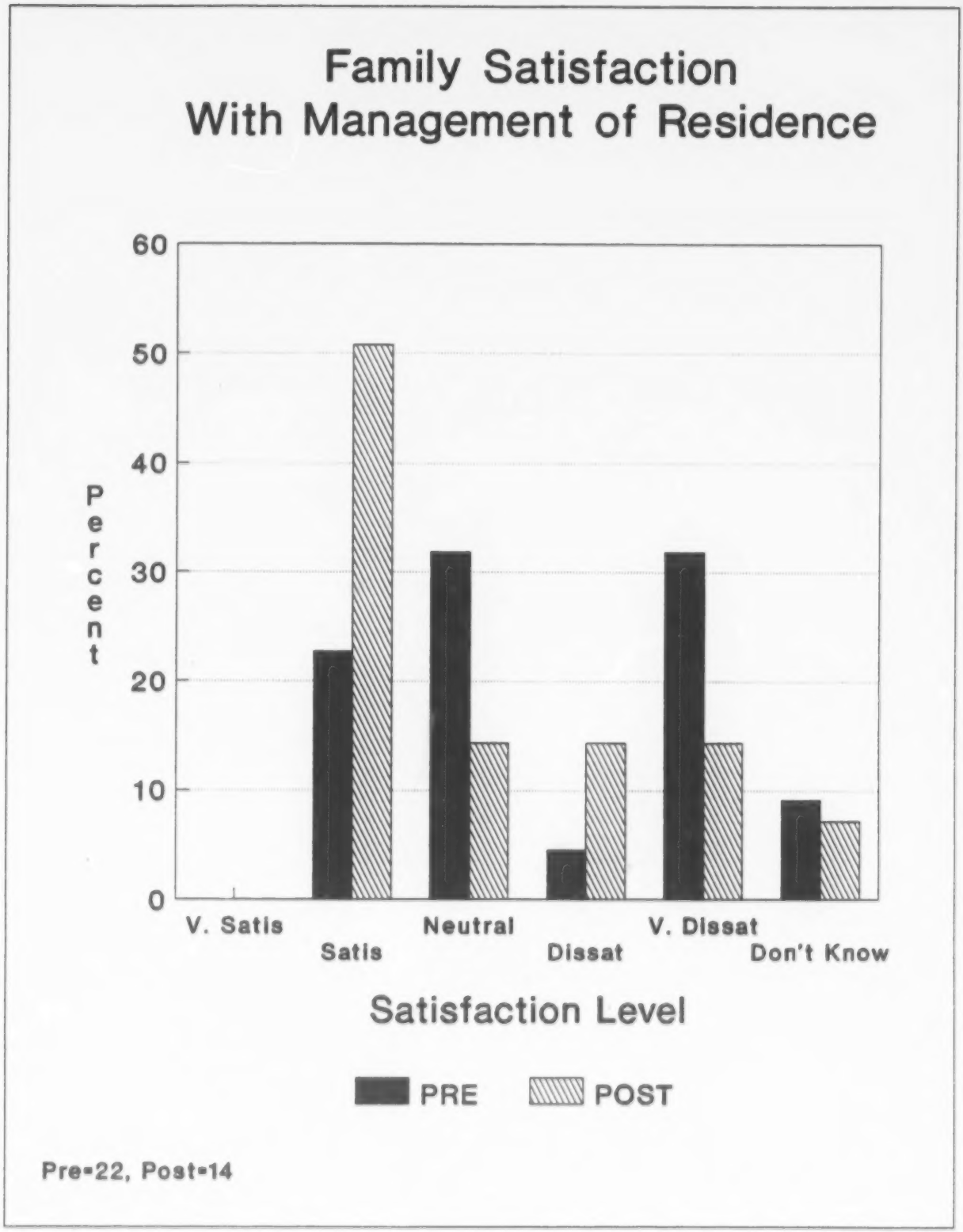
	% Pre Movement	% Post Movement
Very Satisfied	0	0
Somewhat Satisfied	22.7	50.0
Neutral	31.8	14.3
Somewhat Dissatisfied	4.5	14.3
Very Dissatisfied	31.8	14.3
Don't Know	9.1	7.1

During both rounds of data collection families were anxious to share their views on management.

Comments Pre Movement Related to Nursing Home Management

"The nursing home is understaffed but the place is clean. W. wears the same clothes day after day and his cleanliness needs to improve more."

Graph XXII


Family Satisfaction
With Management of Residence
60
50
40
30
20
10
0
Percent
V. Satis
Satis
Neutral
Dissat
V. Dissat
Don't Know
Satisfaction Level
PRE
POST
Pre=22, Post=14

"The administration is now aware of what happens with clients and the lack of medical follow-up."

"Personal possessions disappeared and there are new clothes missing."

"The personal hygiene is terrible."

Comments Post Movement Related to Community Home Management

"I'm not allowed to voice my concerns over how he spends his money. They let him spend money anyway he wants and then he can't meet his needs, like going to camp."

"I don't know the night staff and I don't like that." (This was mentioned several times during the interview.)

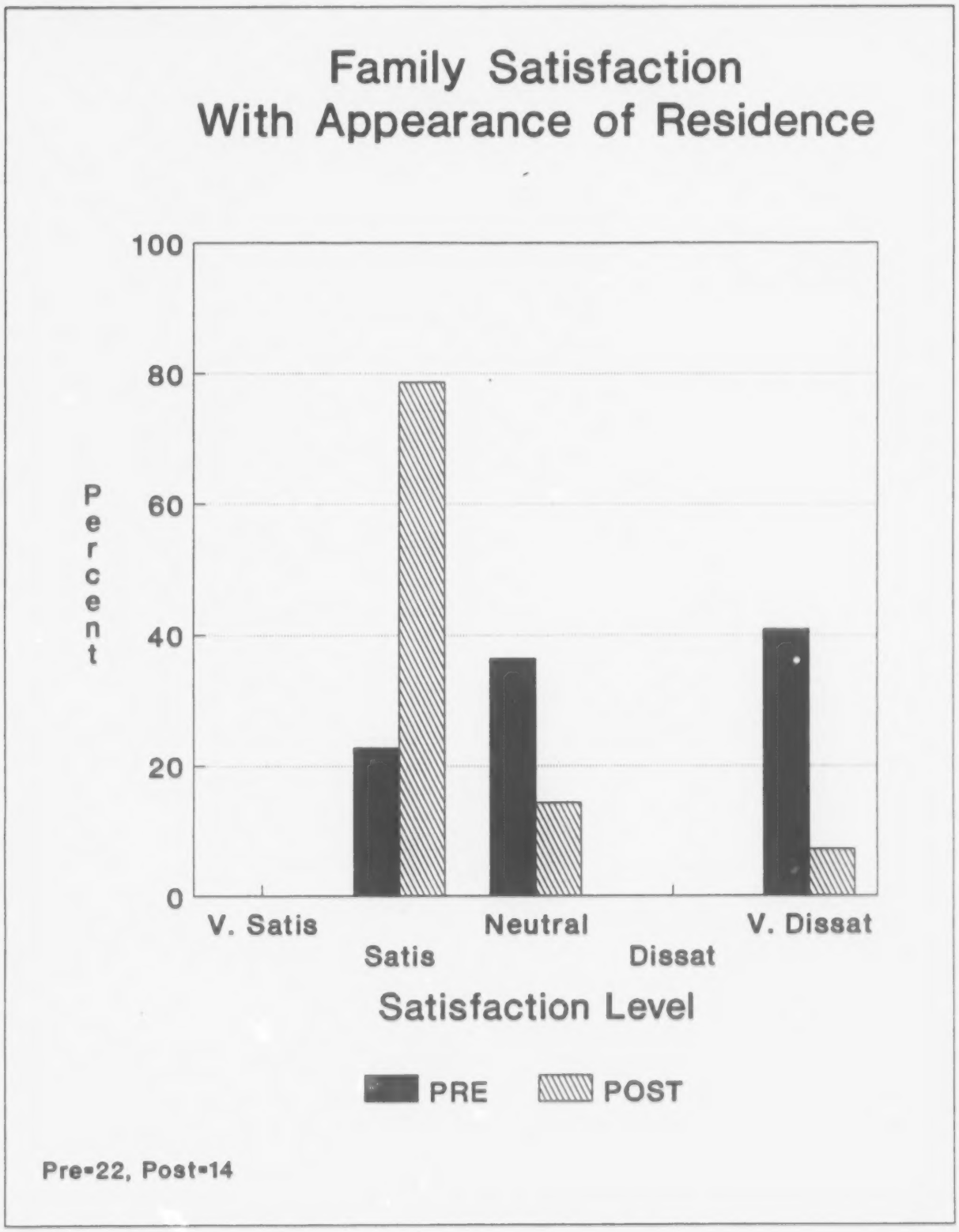
Question: *"How satisfied are you with the appearance of the home?"*
Families were also asked to rate the appearance of the nursing home pre movement and then rate the appearance of the community living arrangement post movement. Again, not one family said it was 'very satisfied' with the appearance of either residence. However, the percentage of families 'somewhat satisfied' with the home's appearance more than tripled once their relatives moved to the community. Only one family member was 'very dissatisfied' with the home's appearance post movement, while nine families were 'very dissatisfied' with the nursing home's appearance pre movement. Table 27 and the bar graph on the next page tell the story.

Table 27.

Pre and Post Movement Family Survey Comparison
"How Satisfied Are You with The Home's Appearance"

	% Pre Movement	% Post Movement
Very Satisfied	0	0
Somewhat Satisfied	22.7	78.6
Neutral	36.4	14.3
Somewhat Dissatisfied	0	0
Very Dissatisfied	40.9	7.1

Graph XXIII


Family Satisfaction
With Appearance of Residence
100
80
60
40
20
0
Percent
V. Satis
Satis
Neutral
Dissat
V. Dissat
Satisfaction Level
PRE
POST
Pre=22, Post=14

Question: ***"How satisfied are you with the location of this home?"***
When asked about their satisfaction with the home's location pre and post movement, not one family was 'very satisfied' either time. But 85.7 percent of families post movement were 'somewhat satisfied' with the location as compared to 54.5 percent of families pre movement. Pre movement, 22.6 percent of families expressed dissatisfaction; post movement 7.1 percent of families said they were dissatisfied with the location. See the graph on page 82 for these satisfaction comparisons.

Question: ***"Is there someplace else you would like your relative to live?"***
Families were emphatic about their desire to see their relatives live somewhere else prior to their movement to the community. The bar graph on page 83 emphasizes the difference in 'yes' and 'no' responses to this question pre and post movement.

Prior to their relatives moving to the community, families were anxious to tell CAi's interviewer where they wanted their family members to live.

Comments Pre Movement on Where They Wanted Their Relatives to Live

"SPICE home - I am very pleased with the prospect. He has friends and an uncle already placed in community based homes with the agency and everyone likes the program."

"I would like to see D. move to the SPICE CILA, because that's what D. wants. If it doesn't work out, I hope D. can move back to this nursing home. They always call when something's happening; keep us informed."

"Small group home. All of S's friends are happy with their community homes, which pleases me very much."

"Home or apartment of his own, a place to call home. A place where he can put personal items out without fear of theft."

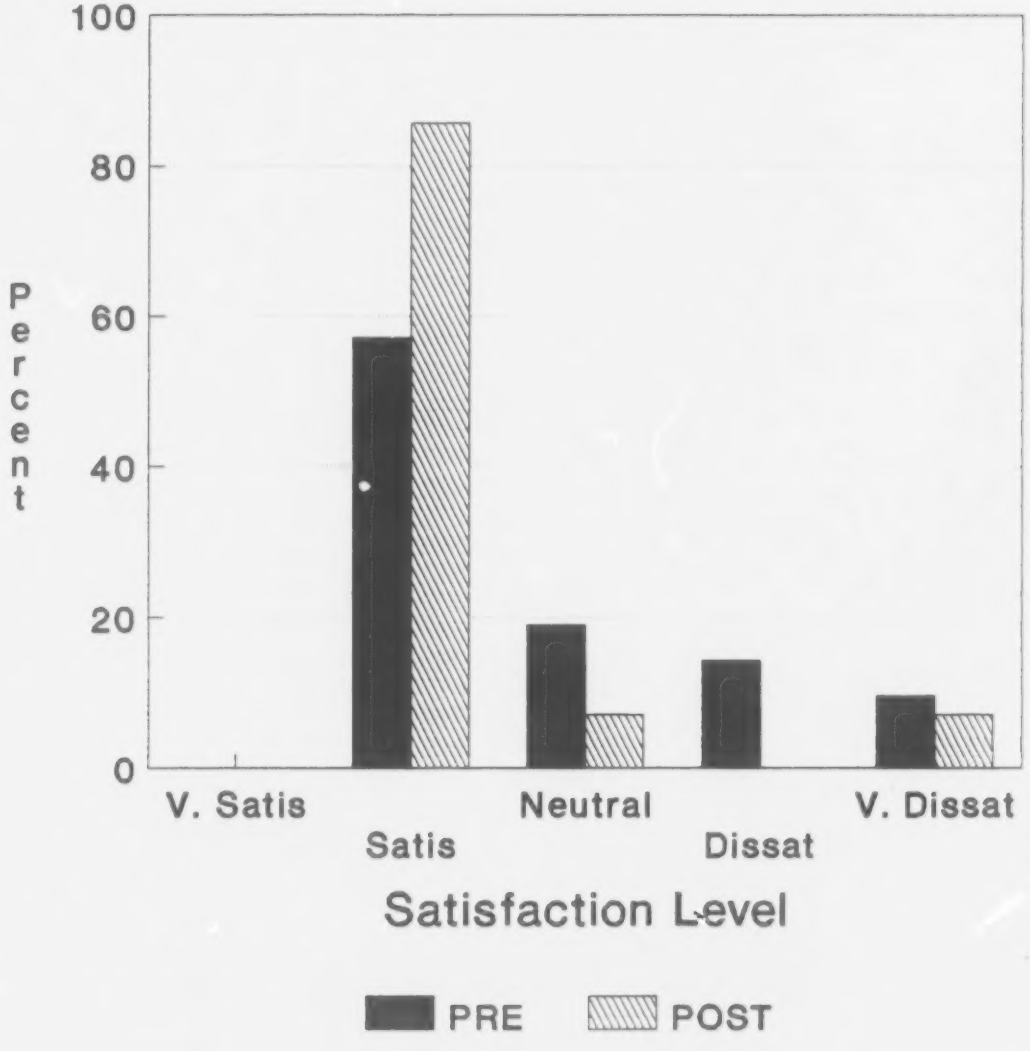
"I'm not sure where, but I want him out of the nursing home."

"I would like him to live somewhere where he could do more and learn more, and be with other young, lively people."

This question was again asked of families after their relatives had moved to the community, but there were no comments.

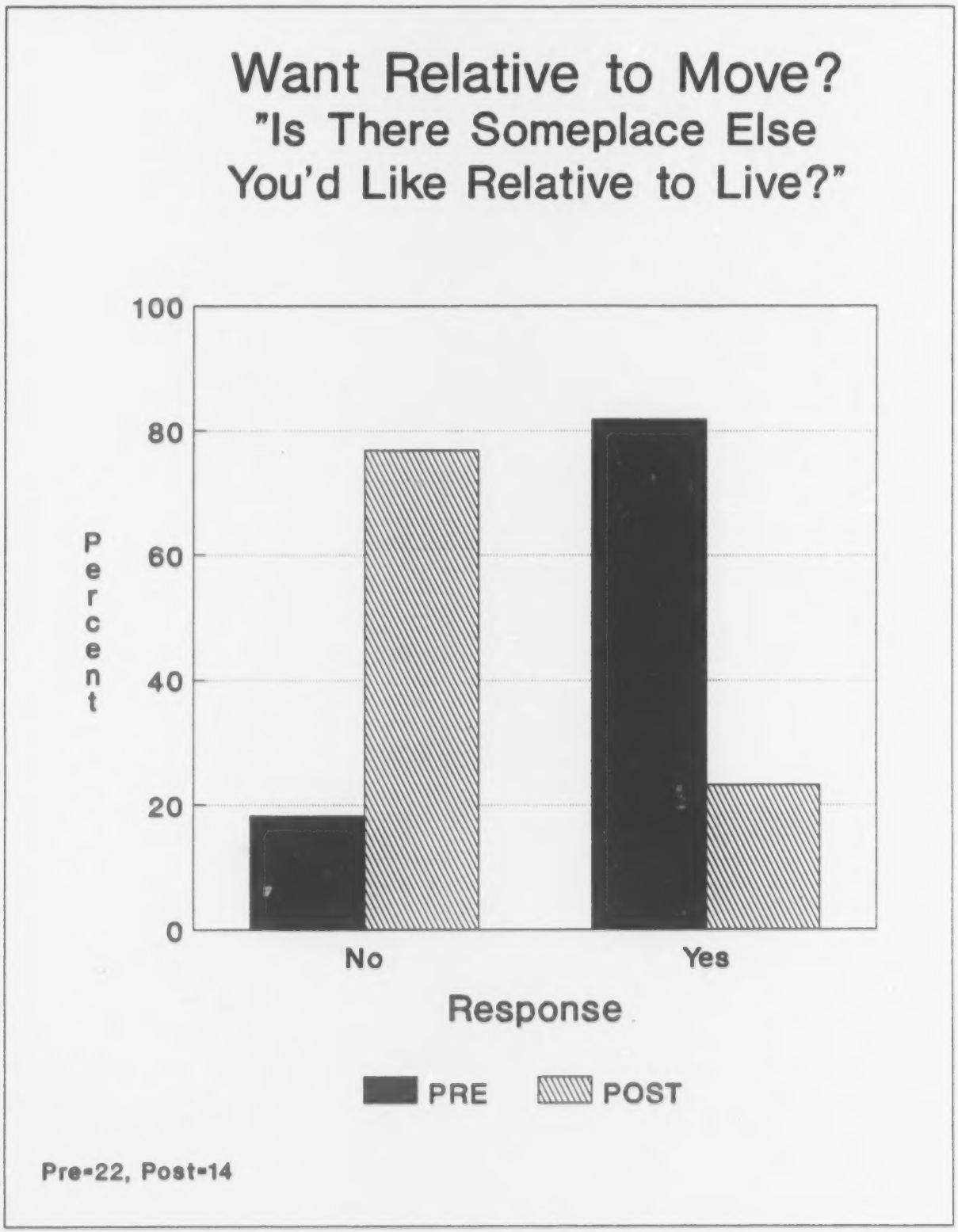
Graph XXIV

Location of Residence
"How Satisfied Are You With The Location of the Home?"



Pre=22, Post=14

Graph XXV


Want Relative to Move?
"Is There Someplace Else
You'd Like Relative to Live?"
100
80
60
40
20
0
Percent
No
Yes
Response
PRE
POST
Pre=22, Post=14

Question: ***"Do you have any concerns about where your relative presently lives?"***
Pre-movement 71.4 percent said "yes" they did have concerns about the nursing homes in which their relatives lived. By comparison, the bar graph on the next page shows the post movement "yes" response to this question dropped to 23.1 percent, a reduction of 48.3 percent.

If families responded 'yes' to the question "Do you have any concerns about where your relative presently lives?" they were asked to tell the interviewer in their own words what these concerns were and if possible, the interviewer categorized them.

Some of the pre movement family concerns included "relative is not happy in present home"; "management is poor"; "fear of abuse, physical and sexual"; "staff is not well-trained"; and "management is unresponsive." Over one-third of the responses could not be categorized.

Post movement responses were more easily categorized: 70 percent of those families polled said their relative "was too young to live in the community", 20 percent listed "other" as a concern and 10 percent said the "staff was not well-trained."

If a family member said he or she had concerns that could not be categorized, these concerns were documented. The following are families' concerns about nursing home care.

Comments or Concerns About Nursing Home

"The nursing home claimed he had a behavior problem and wanted to evict G." (The family disagreed, brought in an advocate through the vocational program and an attorney through P & A. A hearing was held, the family won and G. stayed.)

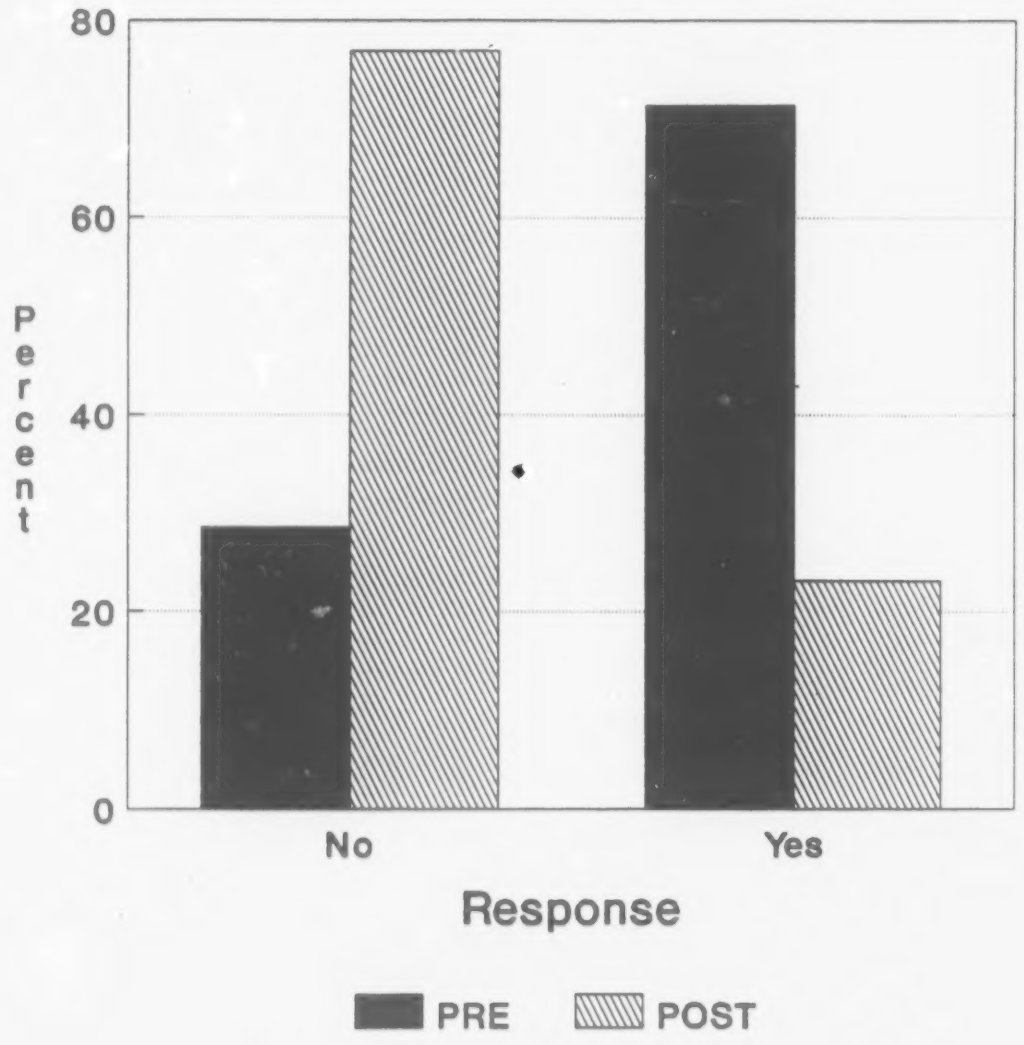
"He needs more individual attention. He was put in a straight jacket. Has been verbally abused by staff. They are constantly threatening to "write him up" for every little thing. He takes them seriously and fears being "written-up."

"Staff does not let him operate his own electric wheelchair, that he knows how to operate. Staff have broken wheelchair before."

Graph XXVI

Concerns

"Do You Have Any Concerns About Where Your Relative Lives?"



Pre=22, Post=14

Question: ***"Is there anything else you would like to tell me?"*** Families had many things they wanted to tell CAi's interviewers. The following comments are categorized by pre and post movement.

Comments Pre Movement to, "Is there anything else..."

"I am extremely happy about him going to the SPICE home. We are willing to help with anything to move it along. The agency's SPICE coordinator is doing a tremendous job."

"I am very supportive of the SPICE program."

"I am impressed with SPICE assessments. But I haven't received enough communication about SPICE, such as location of homes, number of staff, etc."

"I am concerned about the SPICE project, that he won't be able to handle the move. He is very content at the nursing home. I don't really know much about the project. We are having a meeting to learn more."

"I wonder how the new program will be paid for, I hope the staff will be consistent, and I hope I can continue to visit often."

Comments Post Movement to, "Is there anything else..."

"She's been extra happy since leaving the nursing home."

"This has changed our whole lives. After all these years she is doing beautifully. It's like a miracle."

"J. G. has some concerns!!"

"I am dissatisfied with staff. His clothes are dirty."

"SPICE looks like a dream come true."

Summary - Family Satisfaction

Families reflect their relatives' satisfaction with their community homes. They believe their relatives are happier with their SPICE homes (100 percent satisfaction) as compared to their nursing home experiences (45.4 percent satisfaction), the majority of respondents believe their relatives have learned new things in the community (57 percent) and that they can do more things on their own (64 percent).

While they displayed a notable increase in their satisfaction with the community residences' staff people, management and appearance, not one of the respondents said they were "very satisfied" with these issues. This may be related to the fact that the homes had only been in existence 9-10 months and had not yet stabilized.

When asked if they had concerns about where there relatives lived pre and post movement, families did a flip-flop: pre-movement 71.4 percent were concerned and 28.6 were not; post movement 23.1 were concerned and 76.9 percent were not.

The data mirror a group of families who are pleased with their relatives' new homes. This satisfaction is most evident in their comments. The most touching of these was stated by a parent who said, "This has changed our whole lives. After all these years she is doing beautifully. It's like a miracle."

Residential Review

"I am happier to stay on my own, where I can do things, go to bed anytime, eat anytime. I love it!"
One of the SPICE participants.

Results of the Residential Review

A consumer focused residential review was conducted as a part of this project to determine the overall quality of the individual homes in which SPICE participants lived.

This evaluation consisted of interviewers conducting on-site reviews of the 22 homes operated by the five SPICE providers while the persons who lived there were present. Only three interviewers were used. One interviewer evaluated 14 homes and one reviewed eight homes with assistance evaluating two homes.

Thirty-five SPICE residents were visited in their homes for this part of the study. This is two less people than are included in the ICAP portion of this study (37). The reason for this difference is that one person dropped out of the SPICE program before our interviewer visited his home, and another person died before the inteviewer visited.

All raters were trained in the same manner. They used a checklist that assisted them in gathering basic information that was broken down by area: general, training, things to look for, physical quality, special concerns, personnel, behavior management, medical records and client services. (Please see residential review packet in the appendices.)

To summarize their findings, the reviewers used the "SPICE Site Review" instrument that rated 13 items believed necessary for a quality community based residential program to be successful. These items were:

*whether the residence was appropriately restrictive;
*the physical quality;
*the safety of the individuals who lived there;
*encouragement of integration;
*quality of staff/consumer interaction;
*training for residential supervisory staff;
*training for residential direct care staff;
*client services;
*behavior management techniques used;
*quality of direct care staff;
*quality of client files;
*whether individual habilitation plans (IHPs) were complete, updated and based on the needs of the individuals served; and
*the overall quality of the residential management.

(Please see "SPICE Site Review" instrument in the Appendices.)

Each item was ranked on a 1-10 scale with 10 being the highest possible rating, 1.0 the lowest and 5.5 average.

The quality of the 22 SPICE homes was very high. The overall rankings for the five agencies were as follows:

Agency 1 (Four SPICE homes)
Overall average: 9.05

Agency 2 (Five SPICE homes)
Overall average: 8.32

Agency 3 (Five SPICE homes)
Overall average: 8.59

Agency 4 (Four SPICE homes)
Overall average: 9.08

Agency 5 (Four SPICE homes)
Overall average: 9.27

Please see the chart below which depicts the SPICE results for each home and an overall agency average. *The agency and home numbers have no connection to the order or the numbers referred to in this report's home narratives.*

Agency	Home 1	Home 2	Home 3	Home 4	Home 5	Agency Average
#1	9.08	9.33	8.42	9.36		9.05
#2	7.75	7.62	8.67	8.75	8.83	8.32
#3	9.30	9.38	8.42	8.08	7.76	8.59
#4	9.25	9.25	8.67	9.16		9.08
#5	9.25	9.33	9.33	9.17		9.27

In 1989-90, Corporate Alternatives, inc. (CAi) conducted a review of 20 residences around the state for the Illinois Planning Council on Developmental Disabilities (IPCDD) through its "Evaluation of Community Residential Programs and Technical Assistance to Enhance Quality" project. During this review a four member team used an instrument almost identical to the "SPICE Site Review" instrument. The only difference in the two instruments was that the degree of safety and the quality of individual habilitation plans (IHPs) were not rated during the earlier project.

While an exact comparison cannot be made due to the difference in personnel during the two studies, it is interesting to note a comparison of scores. Again, 22 SPICE homes were rated, while 20 were evaluated during the earlier study. The scores ranged from 1.0, the lowest, to 10 the highest. An average rating was a score of 5.5.

The individual home scores during the earlier project ranged from 2.0 to 10.0. The overall average for all 20 homes was 5.63.

The SPICE results are impressive by comparison. The individual home scores ranged from 7.62 to 9.38. The overall average for all 22 SPICE homes was 8.86.

In addition to analyzing the scores for each of the 22 homes and each agency, CAi also analyzed the range and average scores for each items on the "SPICE Site Review" instrument to get an idea of areas were SPICE providers excelled or had difficulty.

The following is a summary of the results.

Item #1: The residence is appropriately restrictive...
Range of Scores: 9-10; Overall Average Score: 9.77

Item #2: The physical quality of the residence is...
Range of Scores: 4-10; Overall Average Score: 8.55

Item #3: The clients appear safe... (Have there been any incidents which have threatened their safety?)
Range of Scores: 9-10; Overall Average Score: 9.95

Item #4: Integration is encouraged...
Range of Scores: 9-10; Overall Average Score: 8.64

Item #5: The quality of staff/consumer interaction is...
Range of Scores: 8-10; Overall Average Score: 9.45

Item #6: The training for residential supervisory staff is...
Range of Scores: 3-9; Overall Average Score: 5.95

Item #7: The training for residential supervisory staff is...
Range of Scores: 3-9; Overall Average Score: 7.55

Item #8: Client services are...
Range of Scores: 4-10; Overall Average Score: 8.00

Item #9: Behavior management techniques used are...
Range of Scores: 8-10; Overall Average Score: 9.16

Item #10: The quality of direct care staff is...
Range of Scores: 8-10; Overall Average Score: 9.40

Item #11 The quality of client files is...
Range of Scores: 5-10; Overall Average Score: 9.00

Item #12 The individual habilitation plans are complete, updated and based on the needs of the individuals served...
Range of Scores: 5-10; Overall Average Score: 8.95

Item #13: The quality of overall residential management is...
Range of Scores: 8-10; Overall Average Score: 9.32

From these results, SPICE providers, on the average, are excelling in all areas with the exception of training. Both training questions, one related to supervisory staff and the other to direct care staff, were rated lower than all other items, but still above average (5.95 for supervisory staff; 7.55 for direct care staff). The same result was evident in CAi's earlier project with providers in Illinois. They stated in most cases that there was not enough money to provide high quality training to residential staff.

Summary - Residential Review

SPICE agencies are doing an excellent job providing a consumer based, individually tailored program of residential services to the 37 individuals participating in this project. Their overall average score was 8.86 on a scale of 1-10 with 10 being the highest possible rating. Of the 13 areas evaluated, those that could use some improvement were training for residential direct care and supervisory staff.

Residential Rates

Not one of the homes evaluated served more than two people and in some cases, SPICE participants lived alone.

The average per person, per day reimbursement rate SPICE providers received for the 22 homes was $73.38. The rates ranged from $70.51 to $81.55.

Three SPICE providers said the actual cost of operating these homes was greater than what they were reimbursed. These costs were estimated by the provider and ranged from $73.46* to $124.27 per person, per day.

*The provider was paid several dollars less per day.

Summary of Each Agency and Each SPICE Home

In addition to the information above provided in the aggregate, the following is an overview of each agency based on various questions asked about management and training issues and a description of each SPICE participant, his/her home, recreational activities and services received.

Agency 1

TRAINING

Questions for Administrative/Management Staff

What types of training are provided to new direct care staff?
Extensive orientation and client-specific training is provided to new direct care staff people. This is followed by on-the-job training with the SPICE coordinator or other staff people in the home. In-services are also offered on a regular basis.

What types of training are provided to new supervisory staff? There is no supervisory staff other than the coordinator. He had formal management and budget training through the Institute for Developmental Disabilities.

How well does training cover the basics? It is not quite adequate.

Do you train based on the needs of the clients to be served? Please explain: Yes, for example an in-service for aggression management was attended only by those staff people working with clients with this need.

Please estimate the cost of training one new staff person. Hard to say - one week at starting salary about $150.

Please estimate the cost of in-service training for two or more staff persons. Many in-service sessions have been through the ARC and we have attended free of charge.

What types of training are provided during in-service training? Introduction to Developmental Disabilities, CPR, physical therapy, communication problems, independent living skills, agency overview (new staff).

Is funding adequate for training? ___ yes _x_ no

If no, please explain why. For example, The Institute for Developmental Disabilities in Chicago offers training we'd like to take advantage of, but there is no money for it.

What are the resources you use for training? The local hospital's rehabilitation center for PT, OT and ST.

Under present circumstances, how long does it take to train a residential supervisor? It took our current residential supervisor about two weeks - he had previous experience. (He is the only residential supervisor.)

Under present circumstances, how long does it take to train a residential direct care worker? About a week.

What types of training would you provide if you had adequate training monies? Counseling on personal care issues, medication interaction, advocacy and certified nurses aide type of training.

Agency 1

PERSONNEL

For Direct Care Staff

According to the direct care staff initial and ongoing **training** is adequate. Staff **morale** is good according to employees interviewed. Staff interviewed consider their work area pleasant and say they like working here. Staff believe there is room for advancement in the agency. The amount of time spent on paperwork and other administrative functions is not a problem.

According to staff, their salaries are commensurate with what they are being asked to do. Although, several people remarked that making more money would be a plus and would help during times when they get frustrated with a job that is important, but difficult and out of the ordinary.

According to staff, agency benefits are adequate or better than adequate.

Staff feel their immediate supervisor is supportive when approached with problems or questions.

Staff believe they are provided enough information regarding job expectations, responsibilities and performance.

Staff communicate with their immediate supervisors about client health and well-being, plans, problems, families, etc.

The average work week for direct care staff is 37.5 hours.

Agency 1

PERSONNEL

For Supervisory Staff

Staff turnover in direct care positions has been a problem. Since there is only one residential supervisor and this individual has been with the agency since the start of this project, the credentials needed for supervisory staff were not described.

The types of people looked for when direct care personnel are hired are those who have existing relationships with someone with a disability, residential experience, but not someone with nursing facility experience. Through past experience with this group of individuals, the agency has found that nursing home personnel treat people as patients. This has contributed to some of the turnover in the past.

Potential employees are screened through reference checks and a criminal background check.

Staff morale is good, but does vary. It is good right now. When the weather is bad and everyone is stuck at home, people feel isolated and this triggers some low morale. We tried to remedy this by having each apartment host gatherings for the others.

Appropriate staff say residential supervisory training could be improved by expanding the amount of training. This would include management training after being on the job a few months. Other types of training needed: the interdisciplinary team process, networking within the community to find opportunities and working with the medical community.

Management staff consider their work area pleasant and like working for the agency. Staff believe there is room for advancement within the agency. The amount of time spent on paperwork and other administrative functions is not a problem for supervisory staff.

According to staff, their salaries are commensurate with what they are being asked to do and agency benefits are adequate or better than adequate. Supervisory staff feel their immediate supervisor is supportive when approached with problems or questions.

Agency #1 - Residence 1

This residence is a high-rise apartment building where two women with severe physical and developmental disabilities live. It is not the best atmosphere and resembles a senior citizen type high rise. The lobby, hallways and actual apartments were similar to a college dorm: tile floors throughout and people congregated in the lobby areas. The two women who live in this apartment have made friends with the other high-rise residents.

These two women require round the clock staff presence. The staff is very committed and have assisted these women in reaching a level of independence that comes with living in the community. Behavior management techniques and a reduction in medication have helped to improve the attitudes of these two women.

Household Chores

Staff and the two women plan meals and shop for groceries, clothing and personal articles together. Staff offer physical assistance. Both ladies have their own bank accounts and are assisted by staff in this area. They also help clean their apartment - making beds, dusting, taking out the garbage and drying dishes.

Recreation

Some of the activities they have enjoyed since moving into their new home include swimming, shopping, taking walks, going to the park, going to yard sales, visiting staff's homes, going to Adventureland (an amusement park), taking boat trips feeding the ducks and going out to eat. One of the women is also participating in a Power Walking Program. They have also made friends with the neighbors, frequently socializing in the common areas of the building and inviting people over for visits. The lady down the hall bakes for them.

Client Services

In her daily living skills training, one of the women, who was in a nursing home for 40 years, is learning to use the elevator and the vending machine, is working on her phone number and remembering emergency procedures. She is also improving her toileting, dressing and proper eating skills. The other woman, who was in the nursing home for 37 years, is receiving occupational therapy and is improving her math skills (she is targeted for supported employment). She does read, but has eyesight problems. She is learning to identify her medication and how to use the phone.

Other Observations and Anecdotes

When the reviewer first walked into this apartment, one of the women asked the reviewer if she would like to see the rest of the apartment. As the tour proceeded, she was very careful to explain how much she enjoyed her new home and did not want to go back to the nursing home. She described her time in the nursing home as a "miserable life," and said, "I was very unhappy. I am happier to stay on my own, where I can do things, go to bed anytime, eat anytime. I love it!"

Agency #1 - Residence 2

The woman living in this apartment is very independent. Her primary disability is a seizure disorder, but the frequency of her seizures has dropped significantly since moving to her new home. She now may have a seizure about once a month. When she was in the nursing home she had four to five seizures a day. She is quite verbal. She currently uses a wheelchair, but is learning to use a walker.

Her apartment is located in a one-story apartment building (living in the same complex as another couple in the SPICE program). The apartment is clean and nicely decorated, but the quality and atmosphere of the building were not the best. However, the reviewer noted that she did not see anything that would lead her to believe the building was unsafe. The floors were tile, and the apartments in this building seemed worn and not very homey. Her place was well-kept but the grounds were unattractive.

The three staff people working with this young woman have all grown close. All four of them are going to Texas for a vacation together.

Household Chores

Most of the time she plans her own meals. A staff member shops with her (physical assistance) for groceries, clothing and personal articles, but she chooses her own purchases. She has her own bank account. She also prepares meals with physical assistance, she uses the microwave and makes sandwiches. She said she doesn't really plan get-togethers at her apartment, but she has friends that drop by.

Recreation

She says she likes to do "anything to get out," going to the movies, going shopping, and when the weather is nice she likes to go down to the river. The best thing about living here? "Being on my own without having parents telling me to do this and do that."

Client Services

This woman is participating in physical and occupational therapy, she is also involved in a therapeutic swim program at the YWCA. Targeted for supported employment, she is going through the evaluation and application process of gaining employment. She is interested in working with young children in a day care or pre-school setting. She currently volunteers as a reading tutor at one of the local grade schools. She is learning the side effects of her medication and how to cook more. She is also working on telephone skills.

Agency #1 - Residence 3

The young married couple who lives in this home (just celebrated their 4th anniversary) is living rather independently despite their physical disabilities. From midnight to 7 a.m. they are on their own. They are provided with a button that rings directly at the hospital in case anything should happen and they need physical assistance. If the button is pushed hospital personnel call designated provider agency staff or an ambulance is sent.

Their apartment is located in a one-story apartment building. The apartment is clean and decorated with personal items, but the quality and atmosphere of the building is not the best. The floors were tile and the apartments seemed worn and not very homey. The couple does have several pets -- hamsters and fish, which the husband enjoys.

Household Chores
The couple plans meals week by week. The wife enjoys cooking and uses the microwave to make pancakes and waffles. They shop for groceries with physical assistance from the staff. She cleans and does laundry. He makes the bed and double teams with staff to mop the floor and other household chores. They choose their own clothing.

Recreation
He likes to have people over, but she enjoys her privacy. She is very independent and prefers to do things on her own. They both like to go shopping and he enjoys getting out and going to the park for a boat ride and fishing. He also likes to go out to eat and visit friends.

Client Services
He attends speech therapy three times per week and has received physical and occupational assessments. On Tuesdays and Thursdays, the husband attends the community Adult Learning Center where he is working on his graduate equivalency degree (GED). He is currently taking classes in math and reading.

She is awaiting an electric wheelchair and is working on her GED. Her classes include math, reading and spelling. They are both targeted for supported employment.

Agency #1 - Residence 4

This gentleman who is nearing retirement age, lives quite independently in a high-rise apartment. The apartment building seems much like a typical senior-citizen style high-rise (this apartment is rented from the housing authority); however, his apartment is quite comfortable. His personal items fill the rooms. He was proud to show his photo album and items he had sitting on the end tables that he picked up in different places.

He is verbal and is physically able to do many things on his own despite his physical disability. A staff person works with him from 1 - 7 p.m. each day. He has a pull cord in the bathroom that he can pull to notify a caretaker in case of an emergency. This has been used since he had a heart attack.

Household Chores

With the staff member's help, he handles meal planning, cooking, shopping and cleaning. Since the heart attack, a woman who represents a cleaning service provided by the Department on Aging, comes in on Monday and Tuesday to handle the heavier cleaning.

Banking is handled for this man by the provider agency. He has a set budget.

Recreation

He walks to church on Sundays. He really likes to go shopping and talked about his trips to Walgreens, the book store, K-Mart and Farm & Fleet. He is currently learning the bus routes. Being new to the area, he has gone on some scenic tours of the nearby towns and attractions. He also enjoys cards and checkers. Monday is Poker night. He hosts the game at his apartment with his staff person for a few other people in the building.

Client Services

He is targeted for supported employment and would like to have a part-time job. His community living training currently involves learning the bus routes and getting involved in community and social activities.

Other Observations and Anecdotes

He commented that he really likes his new home. "I have more freedom now. That was the old people's home where I had to check in and check out. I couldn't go out when it rained." He is very happy to be "out on his own." He talked of all the activities he's been involved with in his new home, including the trip he hopes to take to visit his niece in Iowa. The reviewer commented that this was one of the most enjoyable interviews she experienced.

Agency 2

TRAINING

Questions for Administrative/Management Staff

What types of training are provided to new direct care staff? An eight hour orientation: orientation to the agency, what is cerebral palsy, reading and implementing habilitation plans, emergency procedures, philosophy of the agency, job responsibilities with four hands on hours, including lifting techniques and medication distribution.

What types of training are provided to new supervisory staff? Most come up through the ranks. But the agency has started some formalized training. A 40 hour program, the same orientation as above, plus case review, individual choices, case worker processes, team concepts, supervisory methods, time management, van training and record keeping.

How well does training cover the basics? Not well enough. We would like to see direct care staff have 40 hours of pre-service training that is much more in-depth than is presently possible. At least 60 hours for beginning supervisory staff.

Do you train based on the needs of the clients to be served? Please explain: Yes - we try to match staff personalities with clients. Clients help interview staff and have veto power over hiring. Staff are trained on individual client needs. The four hands-on hours are in the home with the consumers with whom staff will be working.

Please estimate the cost of training one new staff person. $310 for three days

Please estimate the cost of inservice training for two or more staff persons. $72 for two people for eight hours

What types of training are provided during inservice training? Behavior management, communications, touch, clients' rights, individual choices and community integration.

Is funding adequate for training? No

If no, please explain: The problem is finding consultants who have the knowledge needed and are willing to give the training at the time that will fit the agency staff schedule, mainly evenings and weekends.

What are the resources you use for training? Several consultants, the Red Cross, psychologist, nutritionist, therapists, nurse. Community education is done by a former employee of the agency who has since started her own firm in this business. Our agency personnel attended training conducted by Corporate Alternatives, sponsored by the Illinois Planning Council several years ago.

Under present circumstances, how long does it take to train a residential supervisor? Three months

Under present circumstances, how long does it take to train a residential direct care worker? Two to three weeks

What types of training would you provide if you had adequate training monies? Learning about habilitation plans -- the whys and hows, more on touch, communication, choices and safety.

GENERAL COMMENTS We are always in need of more training.

BEST COPY AVAILABLE

Agency 2

PERSONNEL

For Direct Care Staff

The direct care staff interviewed believed that initial and ongoing **training** was adequate, staff **morale** was good and their work area was pleasant. Staff enjoyed working for the agency and said they believed there was room for advancement in the agency.

The amount of time spent on paperwork and other administrative functions was not a problem. According to staff, their salaries are commensurate with what they are being asked to do and agency benefits are adequate or better than adequate.

Direct care staff feel their immediate supervisor is supportive when approached with problems or questions and that they are provided enough information regarding their job expectations, responsibilities and performance.

Staff say they communicate with their immediate supervisors about client health and well-being, plans, problems, families, etc.

Agency 2

PERSONNEL

For Supervisory Staff

Staff turnover has been a problem. The average direct care worker stays about three months and there have been many problems with supervisory staff since March. The range of stay is from four hours to two years. One person has been with us for two years, one for one year and the rest three months or less.

When looking for supervisory staff the agency has no formal education requirement beyond high school. They said they look mainly for common sense.

When looking for direct care staff the agency requires high school or GED, reliability, tenure on other jobs. They said they prefer no experience in this field since it cuts down on the need to unlearn.

The agency screens potential employees by calling work and personal references, and conducting at least two interviews, the second with client input. We would like to do law enforcement screening, but have not found a practical way to do it.

Staff morale appears to be good. The agency began a change over in March from a hierarchial structure to a team concept. We have removed funding source barriers to services, now all clients have equal access to training. We also moved twelve clients in a three and one half week period.

The supervisory staff feel they could use more training.

The average work week for direct care and supervisory staff is 37.5 hours.

Staff consider their work area pleasant and feel there is room for advancement in the agency. However, they feel there is too much paperwork and that they are not paid enough. One supervisor remarked, "After nine years with K-Mart, I took a pay cut to work here." Staff also think that benefits "could be better." When asked if their immediate supervisor is supportive when approached with problems or questions, everyone replied favorably, with one person adding, "everyone is still learning."

Agency #2 - Residence 1

This woman lives in a modest, but nice home in a quiet neighborhood. The house was decorated with many personal items, including flowers, stuffed animals and pictures.

She has two full-time direct care and one part-time direct care staff person working with her. The staff person who lives in the home has a shift from 10 p.m. to 6 a.m., Monday through Friday. He is paid salary plus room and board. There is also shift staff on the weekends.

Household Chores
She plans her meals and she and staff shop for groceries, clothing and personal items. She also gets assistance with banking. Staff and this individual decide who will take care of the cleaning chores around the house. She plans social events at her home.

Recreation
This woman has been quite social -- she goes to the bingo hall, library, shopping, ball games, movies and grocery shopping. She also goes to a day care center once a week, where "she's the story lady." She sits in front of the group of children and tells them stories. She is also involved in the Sister to Sister connection.

Client Services
Her day services include bus training, meal preparation, grooming, cooking, cleaning and money management. However, she is not receiving specialized training to cope with her disability.

Behavior Management
Staff have been trained in behavior management through a few in-services where they have discussed positive reinforcement and her fiance's death. (Her fiance and roommate, also a SPICE participant, died suddenly.) Supervisory staff remarked that she is doing quite well, thanks to the direct care staff person working with her.

Agency #2 - Residence 2

These two women, both in wheelchairs, live in a nice home in a quiet residential neighborhood. This home was nicely decorated with many personal items. One of the women received a dog for her birthday and he is a welcome addition to the home.

Household Chores
One of the women does all the meal planning. Staff accompany the women to buy their groceries. They choose all their own purchases of clothing and personal articles and handle their banking with physical assistance from staff.

Recreation
Both women like to go to the movies, to church, shopping and have people over to visit. One of the women loves to watch baseball games. There is a park with a baseball diamond behind their home where they watch little league games. One of the women will soon be working with the children at a crisis intervention nursery. The other woman is a member of the Jaycees.

Client Services
One woman is in supported employment in the microfilm business operated by the provider agency. The other woman is in a day program. Her skills trainer is concerned about her reading and spelling skills and is working with her independently to improve these. She is also receiving physical therapy.

Other Observations and Anecdotes
Before leaving this home, the interviewer asked if there was anything else they would like to talk about. One of the women went to a lot of trouble using her communication board to tell us that she would like to keep "more [of her own] money."

Agency #2 - Residence 3

This young man lives in a new apartment, on the first floor of a two-story building. There is one other person with a disability who lives in his building. This area is composed of several apartment complexes. This apartment is in good shape, clean and pleasant. All of the furnishings belong to this man and there are pictures and wall hangings decorating the rooms.

Household Chores

This man chooses much of his own menu, but does get assistance from the staff person who keeps an eye out for a balanced diet. He knows the ingredients of many dishes, but at this time because of physical limitations the staff person prepares the meals. He does help with the dusting and pre-sorts the laundry. Shopping is done with physical assistance from the staff person.

Recreation

He likes to be with other people, his family (mother, father, brother) visit often. He also visits several of his friends and has them over to visit at his apartment. He likes to ride city busses and goes to the mall.

Client Services

His training in the day program includes food preparation and conversation. He is also working in the computer lab and learning about processing microfilm with a goal of supported employment. He has no formal physical therapy.

Agency #2 - Residence 4

This woman lives in a complex of ground level apartments. People with and without disabilities live in this complex and some other buildings like it in the area. All the buildings are fairly new and look to be in good condition. All of the furnishings in this home are attractive and in very good condition and belong to the woman who lives here.

Household Chores
She can help with some of the household tasks: she can pre-sort the laundry, put dishes in the sink and vacuum the floor. She does some dusting and can either ask for or point to items she wants from the refrigerator. Her staff member helps her with her checking account and they plan meals together. She picks out the food, but he makes sure it is a balanced diet. Her mother takes her shopping for clothes and other related items.

Recreation
She likes to go to church and enjoys bowling. She has also recently discovered bingo and is now very interested in going as often as she can. She also goes out to visit other people from the agency's program and writes letters on a typewriter.

Client Services
At the day program, she works with her language board and numbers. She is also improving her grasping and releasing skills. This will help her when she goes shopping and removes items from the shelves.

Agency #2 - Residence 5

This young man lives in an apartment close to downtown. His apartment is nice, but has many residents with disabilities and people who are elderly residing there. His apartment is located on the fifth floor. There has been some crime in the buildings of this complex.

The apartment is in good condition and clean. The furniture is a little sparse, but there are many personal items in the home, such as pictures and a radio. He likes his new apartment because he can get out for walks, lives near the bank, and has friends in the building who he visits.

Household Chores
This man and one of his staff people work on the weekly meal plan together and they go shopping together. He can pick out some of the food he wants. He can point to pre-sort the laundry and he knows where the laundry room is. Because of his physical limitations, he cannot help with other household chores. He gets help with his bank accounts. He has a savings account that is strictly his money to use as he sees fit.

Recreation
He likes to go to basketball games, visit friends and has visited a community center.

Client Services
His day program focuses on daily living skills and money management. He is also learning to use his language board more.

Agency 3

TRAINING

Questions for Administrative/Management Staff

What types of training are provided to new direct care staff? Full-day classroom orientation with an agency video and video explaining the SPICE project, video of adaptive feeding equipment, overview of five development areas, agency policies, paperwork and in-house records. The nurse does a presentation and overview of medications. There is a formal presentation on transferring and safety precautions.

What types of training are provided to new supervisory staff?The present supervisor was not hired new for her middle-management position. She worked in the day program and managed a community living facility. She still attends seminars and there was some SPICE sponsored training in the beginning of this project. The other supervisor has six years experience working with persons who have developmental disabilities.

Do you train based on the needs of the clients to be served? Please explain: Yes, the staff with developmental disabilities experience are very in tune to this, the staff with less experience could use more training in this area.

Please estimate the cost of training one new staff person. 40 hours X $4.50 = $180

Please estimate the cost of inservice training for two or more staff persons. Extra staff to cover all residential spots, nine persons total one at each home, plus pay the 45 people being trained four times per year. This does not include any costs we pay for the actual in-service, for example CPR training costs $15 per person.

What types of training are provided during inservice training? Occupational Therapy, Cerebral palsy and what it means - this was presented to us by the Center for Independent Living. Outside in-services have included CPR training, fire safety, daily living skills and state-wide direct care training. Also there are monthly staff meetings for each home, quarterly residential-wide staff meetings, and behavior management sessions (by house).

Is funding adequate for training? ___ yes _x_ no

If no, please explain why. The budget is tied to cost/day. Anything prior to opening the home is not paid for. I would like to see some start-up money. A training budget to pull people out for training. The minimum should be for each staff member to have 40 hours of training per year.

What are the resources you use for training? Center for Independent Living, consultants, staff expertise already on hand, video presentations, sending people out for CPR, fire safety and other community resource training.

Under present circumstances, how long does it take to train a residential supervisor? Probably six months for someone without experience to get their feet on the ground, three months for someone who has experience.

Under present circumstances, how long does it take to train a residential direct care worker? One week, 40 hours

What types of training would you provide if you had adequate training monies? Leisure time activities, programming, nutrition, general planning, more medical nuts and bolts specific to the disability area, normalization, etc.

Agency 3

PERSONNEL

For Direct Care Staff

According to the direct care staff interviewed, initial and ongoing **training** is adequate. Supervisors come to visit to see how everything is going and staff have met with therapists to talk about different issues at meetings. But a lot of this job is still on-the-job-training. One direct care staff person remarked, "I received training a month after starting my job." According to direct care staff, in-services are provided, but there is no other new training to cover anything else.

Staff **morale** is good according to employees interviewed and staff consider their work area pleasant. They say they like working here, that "it's a lot of fun."

Direct care staff believe there is room for advancement in the agency that you "must start at the bottom."

The amount of time spent on paperwork and other administrative functions is not a problem. Direct care staff say they probably spend 45 minutes on paperwork for each shift.

According to staff, their salaries are NOT commensurate with what they are being asked to do. They believe they are underpaid. "We are not psychologists or therapists, but we are doing similar things and are underpaid for the nitty-gritty everyday work. Salaries are fair, but a raise would be nice."

According to staff, agency benefits are good and compensate for lower salaries and they are paid for holidays.

Staff feel their immediate supervisors are supportive when approached with problems or questions. "When I have gone to them when I've had concerns, they were sometimes slow, but valued me enough as an employee to go along with my opinions."

Staff believe they are provided enough information regarding job expectations, responsibilities and performance and say that they communicate with their immediate supervisors about client health and well-being, plans, problems, families, etc.

Agency 3

PERSONNEL

For Supervisory Staff

Staff turnover is not much of a problem in the SPICE homes.

When looking for supervisory staff the agency requires high school diploma, good driving record, background with persons who have developmental disabilities or certified nurses aides, able to work with the people. Some have come from other human service agencies or nursing homes.

Staff morale is good according to employees interviewed. However, sometimes there is tension between shifts on how things are done, etc., but staff meetings seem to help.

According to the supervisory staff interviewed, initial and ongoing training of supervisors is adequate. However, supervisory staff say they could use more since it is difficult to keep up with on-going information in the field, seminars, etc. to learn about programs that other people are using successfully.

The average work week for direct care staff is greater than 4O hours.

The average work week for supervisory staff is greater than 4O hours.

Staff consider their work area pleasant and say they like working here. They also believe there is room for advancement in the agency. They say that sometimes the amount of time spent on paperwork and other administrative functions is a problem. Supervisory staff say they believe they are paid commensurate with their experience and responsibilities, however, they say they would like to see "a better spread" among residential workers.

Staff also said the agency has a decent beginning package of benefits, health and retirement, it takes into account your experience. But there is no tuition reimbursement, no dental and currently there is no merit system for pay raises.

Staff feel their immediate supervisor is supportive when approached with problems or questions, but sometimes there is a lack of time to deal with problems.

Agency #3 - Residence 1

This couple lives in a spacious house that seemed to be one of the nicest reviewed. The living room was big enough for easy movement, there was even room for the woman's sewing machine (she was working on a quilt).

She was very friendly and was very proud of her new home and sewing work she had done. Along with the quilt, she had made pillows and curtains with the staff person's help. The staff person showed a general caring for the couple that provided a nice atmosphere. The man living here was shy, but very pleasant. This couple seemed very happy in their new surroundings.

Household Chores
The couple plans menus twice a week. They are also learning to help prepare food including, spaghetti, barbecue, vegetables and are always adding seasonings. They are also both learning about cleaning their new home. They like to have visitors. They are also learning to handle their own money.

Recreation
The woman's favorite activities seemed to be sewing and shopping for material. But the couple also like to go to the park, had been to the Naperville River Walk, and had recently planted some flowers. They also like having guests over and shopping for personal and household items.

Client Services
She received an assessment for physical therapy and is in range of motion physical therapy. There is no need for the young man to be in any kind of therapy. Both work in the developmental training program at the agency.

Agency #3 - Residence 2

These two middle age men live in a very nice house that was tastefully decorated. The direct care staff person exhibited a high level of commitment and caring for these men. The living room seemed a little small to comfortably accommodate two people in wheelchairs, but this is in comparison to other homes visited. Both men seemed very happy with their new home.

The home had a direct care schedule with seven workers in and out. There has been little staff turnover.

Household Chores
These men require physical and verbal assistance with meal planning, shopping, etc. But they have improved on making their own choices and telling staff what they want. They are also learning to clean - dust and vacuum. They also hosted a Christmas party at their home.

Recreation
Both men have joined a bowling league through the Park District, like to go to basketball games, and had just recently gone to a Pizza Party.

Client Services
They are both participating in occupational therapy and one of the men is now being evaluated for a communication device. Both men attend the developmental training program at the agency.

Agency #3 - Residence 3

These two men live in a very nice three-bedroom home with updated carpeting and kitchen cabinets. The rooms were large enough for wheelchair mobility, especially the family room. All of the rooms are filled with personal items and are very warm.

Household Chores

These two men sometimes help plan the menus and assist with shopping. The staff person handles most of their money right now. However, one of the men has a computer and will soon learn to do budgets electronically. One of the men is learning to make things like pizza and is also baking cookies and cakes.

Recreation

Both men love to have guests and one of them has a girl friend from the day program who visits quite often. They both love to swim at the Y and are going to camp for four weeks. They also enjoy renting videos, going for walks and going to church across the street. They wanted to go to a Bears game last fall, but couldn't get tickets.

Client Services

They are both participating in the day program at the agency. One of the men is working on single-digit multiplication problems. He is also learning to prepare meals with staff's verbal direction and physical assistance and is learning about informing staff of activities in which he's interested. The other man is learning to increase his vocabulary by using a communication board. He is also improving his gross motor skills through exercises and is learning to wash and dry his face on his own and to increase his socialization by choosing one activity a week.

Agency #3 - Residence 4

These two men live in a very nice ranch-style house which is fully accessible. The furnishings and personal items are a little sparse. They both seem to be extremely happy with their home and their new feeling of independence.

Household Chores
These two men help plan the menus and help with the shopping. One of the men does some meal preparation, assisting the staff and making fish and toast. One of the men is assisted as he vacuums and the other man does quite a bit of cleaning on his own. One of the men handles his own bank account; the other man's money is held in a trust and is handled by his brother-in-law.

Recreation
A lot of the people in this agency's programs are saving to go to camp during the summer of 1991. They both like to ride bikes. One of the men is a genuine sports nuts, loves the Cubs, Bears and bowling.

Client Services
They are both participating in the day program at the agency. One of the men is working on the computer and says he would like to receive speech therapy like he did when he was younger. The other man is participating in a job preparedness program and hopes to be in supported employment, at least part-time.

Agency #3 - Residence 5

These two men live in a nice three-bedroom ranch-style home. One of them is a SPICE participant; the other is not. The house is clean but not very personal. Some of the furnishings could be replaced or improved. For example, the couch in the living room has a broken leg.

Household Chores
These two men help plan the menus and help with the shopping for both food and personal items. One of the men has his own bank account and gets assistance from staff in handling it. The two men don't really assist with many cleaning or laundry chores, but they are now learning to do some tasks. One of the men said, he "would like to start vacuuming." Both men are working on daily living skills and have formal goals to increase their independence in this area.

Recreation
Both of the men say they like to go riding. One says he especially likes to listen to music.

Client Services
They are both participating in the day program at the agency. One of the men is working on washers and bolts. They are both working extensively on daily living skills. One is learning to consistently feed and dress himself. He is also learning to prepare his lunch daily and to clear the table. The other man is learning to load the dishwasher and clean off the table. He is also trying a "look 'n cook" book for the first time.

Agency 4

TRAINING

Questions for Administrative/Management Staff

What types of training are provided to new direct care staff? An overall view of the agency, Department of Mental Health and Developmental Disabilities' (DMHDD) guidelines, philosophy of the program, how to work with persons with disabilities, how the home operates and specific training involves working with present staff in the home for 2 - 16 hours.

What types of training are provided to new supervisory staff? Some of the same as direct care - not as client specific.

How well does training cover the basics? Fairly well, but more training could be provided. "There is just so much you can do with little money. We have used substitutes from one home in a home that is short staffed, rather than putting in someone cold. This is only the 2nd week in 14 months that we've had full staffing."

Do you train based on the needs of the clients to be served? Yes, based on their needs.

Please estimate the cost of training one new staff person. $500 - (based on coordinator's time, staff's time, and new staff person's time).

Please estimate the cost of inservice training for two or more staff persons. One in-service - $350 (just for staff costs) - one hour session, for 30 people, no cost for presenters.

What types of training are provided during inservice training? Defensive driving by state police for all transportation staff; Fire/Emergency; Household Maintenance - Germ Control, Odor Control; Basic First Aid; Medication Policy; Detecting Illness; Body Mechanics, Therapy Techniques; Client Rights, Confidentiality, Abuse; and more.

Additional Comments in this area: This agency has a career ladder system for direct care staff. They can participate in various classes or in-service training on their own time and at their own expense. There are three levels in this system. The first level contains the first 12 hours of new direct care staff training, as well as in-services in CPR, behavior management and transferring. The second level is reached after the person attends three more classes and has been employed with the agency for one year. At this time the person receives a merit pay raise. The third level is reached after three more courses and the person has been employed with the agency for two years. At this time the person receives a merit pay raise.

Is funding adequate for training? No

If no, please explain why. "We would like to bring in outside presenters, because I feel we get a closed view from insiders. The variety allows an opportunity to gain insight into new ways, seeing the way other agencies do things. CAi's training was new and beneficial training and opened windows."

What are the resources you use for training? We have sent folks to DMHDD region-wide training. Our opportunities are limited with the more expensive presenters. The real important issues do justify sending someone away to take part in some of these training sessions. All of our staff go to one of these types of sessions at least once per year.

Under present circumstances, how long does it take to train a residential supervisor? It was difficult to estimate this, since the only residential supervisor has been with the agency for eight years.

Under present circumstances, how long does it take to train a residential direct care worker? Approximately 40 hours

What types of training would you provide if you had adequate training monies? (See explanation under "Is funding adequate for training?")

Agency 4

PERSONNEL

For Direct Care Staff

According to the direct care staff interviewed, initial and ongoing **training** is adequate.

Staff **morale** is good according to employees interviewed.

Staff consider their work area pleasant and say they like working here.

Staff believe there is room for advancement in the agency and say the amount of time spent on paperwork and other administrative functions is not a problem.

According to staff, their salaries could be improved. However, as one staff person stated, "I am committed to the type of work I'm doing here."

According to staff, agency benefits are adequate or better than adequate.

Staff feel their immediate supervisor is supportive when approached with problems or questions.

Staff believe they are provided enough information regarding job expectations, responsibilities and performance.

Staff communicate with their immediate supervisors about client health and well-being, plans, problems, families, etc.

Agency 4

PERSONNEL

For Supervisory Staff

Staff turnover is a problem. We have many occasions of low-staffing. Many people feel overwhelmed."

When asked what types of credentials the agency looks for in residential supervisory staff, they replied, the SPICE project is the agency's first residential program of this type. The supervisor has been with the agency for eight years. (She was a pre-vocational service worker, assistant teacher and also worked as a community residential aid at night.) The agency has not had any formal hiring searches for this type of position.

When asked what types of credentials the agency looks for in direct care staff they replied, a high school education, willingness to learn and to get along with the people they will be working with.

To screen potential employees the clients give feedback, help to choose the person and tell the supervisory staff what they think of certain candidates. We also talk to candidates about specific incidents such as, "What would you do if...?"

Staff morale is good according to employees interviewed. "Most of the people involved with the SPICE program are pretty "gung ho" because it is a pilot project and we all want to see it succeed. However, the low pay does lead to low morale, but we try to compensate by giving praise to our staff."

According to the supervisory staff interviewed, initial and ongoing training of supervisors is adequate.

The average work week for direct care staff is 37.5 hours.

The average work week for supervisory staff is 37.5 hours.

Staff consider their work area pleasant and say they like working here. Staff believe there is room for advancement in the agency.

The amount of time spent on paperwork and other administrative functions is not a problem.

The supervisor would like to see different methods for allocations, because better pay would lead to better help especially among the direct care staff. According to the supervisor, "You have to be very dedicated to work in this field now."

According to staff, agency benefits are adequate or better than adequate.

Staff feel their immediate supervisor is supportive when approached with problems or questions.

Agency #4 - Residence 1

Two women live in a very nice three bedroom rental home in what seemed to be a quiet residential area. Three staff people work with these ladies, two on a full-time basis and one on a part-time basis. There is a combination of live-in and shift staff. At the time of the review, the direct care starting salary was $4.05 per hour. In the nine months these individuals have lived in this home there has been 100 percent staff turnover.

The home is tastefully decorated, with a brand new bathroom and doorways that accommodate electric wheelchair use. Ramps have been modified and broken concrete has been replaced.

The full-time staff person is just beginning her first full week at this home. She is very pleasant and speaks positively about the women who live here. One of the part-time direct care staff was also present during this visit and seemed committed to her job and the women with whom she worked. The weekend staff person was not present, but reportedly she encourages integration by frequently taking these individuals out for sodas or out to eat.

Household chores
The lead staff person plans the meals with the ladies' help. Groceries are also bought with the help of staff. Each of the women picks out her own clothes, staff accompanies for physical assistance. (It was added here that the $180 from the Department of Public Aid that went toward each SPICE participants' new clothes was a tremendous help. Most of the clothing brought from the nursing home was out of style, torn or even stained.) Both women help with cleaning - clearing and setting the table, dusting, some cooking and laundry (the washer and dryer are front loading).

Recreation
One of the women loves baseball games, she is a Cubs Fan. Both of these women go to church, movies, shopping trips and baseball games in Springfield and the zoo. The residential supervisor at this agency is trying to obtain some tickets to a Chicago Cubs game.

Client Services
One of the women has learned to type, is working on multiplication tables and addition, reading, eating without spilling, etc. She is in a Developmental Training I (DT I) program. (One staff member commented that even though she has been diagnosed (secondary) as having mental retardation, she wonders about the accuracy of the tests. She "is very bright and her recall is wonderful. I think her difficulty in communicating has been the problem.") She has a communication board, Touch Talker and is participating in speech and physical therapy.

The other woman living in this house is also in a DT I program. She is working on reading five words, reading her last name, eating, etc. She is in both physical and speech therapy.

Other Observations and Anecdotes

The residential supervisor who has a young daughter filled in at this home before the new full-time staff person came on board. She said the interaction with her young daughter has been wonderful for both of these ladies as well as the child. She also commented that this program has provided wonderful opportunities to these ladies. They have more options in their lives, are out in the community, and have received new wheelchairs. Their physical abilities "have improved 100%." And their esteem has improved tremendously. They are also learning that independence and choices have a price, for example, "staying up until midnight makes it hard to get up the next morning."

Agency #4 - Residence 2

This home is a nice three bedroom house very nicely decorated with new furniture and a remodeled bathroom. The two men living here helped pick out the new furniture. The full-time staff person has an excellent rapport with the two men.

Household chores

Staff and the two men plan meals and shop together. They are also learning to prepare part of the meals. One of the guys has been making hamburgers, macaroni & cheese and coffee. The other one has been making salads. They pick out all of their own clothes. One man had just bought a new television for his room the night before my visit. When it comes to cleaning, each of the men is responsible for his own room and clearing the table after meals. One man handles the dusting and the other vacuums.

Recreation

Staff says one of the men "doesn't know a stranger. He would socialize 24 hours a day, seven days a week if he could." He was eager to meet his new neighbors. He talked of the balloon festival they had attended, going to the movies and to church, and was also looking forward to going to Bloomington for the state Special Olympics. Integration is encouraged in this home.

The other gentleman has gotten the most joy out of shopping, spending his paycheck on personal items, furnishings and a new TV. He also loves attending yard sales. Staff is working with one of the men who needs a little bit more encouragement to try new things. "He's loved everything we've tried with him, it seems to be the uncertainty that holds him back." However, he's tried many new things he didn't have the opportunity to experience while living in the nursing home.

Client Services

One of the men is receiving physical therapy. He is now in a wheelchair, but will be graduating to a weighted walker. He is attending a DT I program, the other gentleman is attending a DT II program.

Other Observations and Anecdotes

The new furniture picked out by the two men created a wonderful first impression upon entering the home. The interviewer was impressed with the look and feel of this home. The color schemes and accessories added a nice touch. Modifications to this home included a new bathroom, new ramps and door hinges.

Agency #4 - Residence 3

These two gentlemen live in a big two-story home in an older residential neighborhood. The home is tastefully furnished and creates a nice atmosphere. The people in this home are quite happy; however, it seems that the full time staff person may be doing quite a bit for the two men, such as cooking and planning meals. This was especially noticeable in the case of the man who has no physical disabilities is verbal and very capable. However, this may be the type of arrangement this man has chosen.

Household Chores
The full-time staff person in this home plans and cooks the meals. The men help with dishes and setting the table. The household chores are allocated according to any physical limitations. Both men clean, they are responsible for their own rooms and they do laundry with staff assistance each week. They do their shopping together, except for the occasions when one of the men walks to the store independently.

Recreation
One of the men likes to go shopping, to Bingo, to a fast-food restaurant and The Drop-In (a local restaurant). The day I visited, he had just returned from a test drive with a friend who is thinking about buying a Camaro. He enjoyed riding in this "new sports car." The staff even commented on the big smile he had on his face when they drove away.

The other man likes the Dairy Queen, visiting his mother and sister, the movies and attending potlucks and parties at the Pathway Palace (which are social events at his school). He proudly displayed the two gold medals he recently won in the Special Olympics wheelchair races.

Client Services
One of the men attends a DT I program. Sitting up straight in his chair, naming colors and making the first letter of his name are some of the skills he is currently working on. He is learning to use a communication board or device.

The other man attends a DT II program. Recognizing community signs, operating a washing machine and learning to self-medicate are some of the new things he is learning.

Agency #4 - Residence 4

These two men live in a home in a relatively new middle class neighborhood. All the homes were in good condition and a number of small children were playing nearby. The road dead-ends about half a block from this home, giving it safe, non-congested surroundings. The two men make good use of their back yard and patio and plan to ask the landlord if they may plant a garden.

The inside of the home is very nice. They have a recreation room with a VCR and television. One of the men has personalized his room with a bulletin board, pictures and a wall hanging. The other man has only a polaroid picture and a calendar, but he does not seem interested in doing more.

Household Chores
The two men are responsible for cleaning the bathroom they share on a daily basis and for making their beds. They both help plan the meals, go shopping with staff members and help with meal preparation. Both men also help with the laundry, but require assistance with sorting, adding detergent and operating the machine.

Recreation
Both men like to visit friends, most of which are from the agency or the day program. They enjoy going to the mall, Bingo, pancake suppers, bowling, and to sites like Lincoln's Home in Springfield. They help in planning holiday and birthday parties, mostly with other people from the agency.

Both men will be facing a major adjustment soon, as the full-time staff person who they have grown very close to will be moving out of state.

Agency 5

TRAINING

Questions for Administrative/Management Staff

What types of training are provided to new direct care staff? We begin with pre-service classroom type training on policies and procedures, support services, active treatment, normalization, behavior management, confidentiality, etc. Then the employee receives 40 hours of hands-on training in the home, working each shift. In the home, the employee is introduced to training plans, social/recreation sheets, daily care records, medical charts, physician orders and other paper work, as well as observing the supervisor interacting, running goals, the required charting. We also stress the importance of spending one-on-one time with the residence in this initial training.

What types of training are provided to new supervisory staff? New supervisory staff must attend an in-service to learn about supervision, instructional strategies, task analysis, end of the month summaries, medical appointments, petty cash, aggression management, etc. They are also required to attend other in-service training on such topics as time management and supervisory skills.

How well does training cover the basics? Excellently

Do you train based on the needs of the clients to be served? Yes, during direct care training in the homes, staff are trained in the individuals' program plan, strengths and needs, training approaches, etc.

Please estimate the cost of training one new staff person. We don't train one at a time, only in groups

Please estimate the cost of in-service training for two or more staff persons. $425 per staff person

What types of training are provided during in-service training? We conduct ongoing mandatory in-service programs. The annual in-service calendar includes but is not limited to: Hep B Precautions, Normalization, Detecting Signs nd Symptoms of Illness, Epilepsy-Seizures-CP, AIDS, Infection Control, Detecting Abuse, Legal Rights/Confidentiality. All staff are trained in CPR annually and in first aid every three years.

Is funding adequate for training? No

If no, please explain why. Staff turnover requires frequent training, which is not reimbursed through the state, it's difficult to push the rate up to compensate for the training due to the reimbursement lag (two years behind on raising our rates), and ceilings.

What are the resources you use for training? Internal curriculum, video tapes from young adult institute, and an organization in Wisconsin.

Under present circumstances, how long does it take to train a residential supervisor? 80 hours with an additional 30 hours of classroom after they are on the job.

Under present circumstances, how long does it take to train a residential direct care worker? 90 hours

What types of training would you provide if you had adequate training monies? Similar number of hours, but we would up-date our curriculum, use more videos and training aids. We would also hire a staff development person, so our management staff wouldn't have to do the teaching.

GENERAL COMMENTS This includes only their formal training, we would do a lot of informal training with audio tapes and books to check out during staff meetings. We would also send people to out of house seminars and workshops, which are not included in this summary.

Agency 5

PERSONNEL

For Direct Care Staff

According to the direct care staff interviewed, initial and ongoing **training** is adequate.

Staff **morale** is good according to employees interviewed, except "there is a problem with the direct care staff's pay checks not arriving on a definite date each month."

Staff consider their work area pleasant and say they like working here.

Staff believe there is room for advancement in the agency and say the amount of time spent on paperwork and other administrative functions is not a problem.

According to staff, their salaries are commensurate with what they are being asked to do, but "the fact that DORS does not withhold income tax makes it more difficult for employees when they have to come up with the money to pay them at the end of the year."

According to staff, agency benefits are not adequate. The staff feels there should be greater agency participation in paying for medical and dental insurance. Also the lack of a retirement plan does not encourage staff to stay.

Staff feel their immediate supervisor is supportive when approached with problems or questions.

Staff believe they are provided enough information regarding job expectations, responsibilities and performance.

Staff communicate with their immediate supervisors about client health and well-being, plans, problems, families, etc.

Agency 5

PERSONNEL

For Supervisory Staff

Staff turnover is a problem. Four and a half months is average tenure. There have been 16 staff for six positions. Seven have left the agency, the others have moved to other sites.

When asked what types of credentials the agency looked for in supervisory staff they replied, a high school education, and one year experience in the developmental disabilities field.

When asked what types of credentials the agency looks for in direct care staff they replied, a high school education or GED, an Illinois driver's license. Lifting experience helpful, but not required.

Potential employees are screened by two interviews, one by the staff in the home, including the resident, the second by the administrative staff. Also a check of the county criminal records (The check will be state-wide in 1991).

Staff morale is not very good, the problem contributing to this is: staff in the home are paid once a month, but the check arrive from DORS anywhere from the 8th to the 13th. This causes the employees some problems. Also DORS does not withhold income tax.

According to the supervisory staff interviewed, initial and ongoing training of supervisors is adequate.

The average work week for direct care staff is less than 40 hours.

The average work week for supervisory staff is more than 40 hours.

Staff consider their work area pleasant and say they like working here. Staff believe there is room for advancement in the agency.

The amount of time spent on paperwork and other administrative functions is not a problem.

According to staff, agency benefits are "poor, there is medical insurance available, the agency pays the majority of the cost, but employees have to pay for any family, and all dental insurance. There is no retirement plan. Direct care staff get no benefits, as they are paid directly by DORS.

Staff feel their immediate supervisor is supportive when approached with problems or questions.

Agency #5 - Residence 1

This young woman lives in a fairly new neighborhood. She has made friends with her neighbors and has included them in her birthday parties. The inside of the house is very clean and nice, complete with personal items and a hardwood floor that is kept polished. She helped pick out the furnishings.

She is currently on a low-fat diet assisted by a nutritionist from the hospital. She gained eight pounds after moving into her new home and is now working to achieve a 20 pound weight loss.

Household Chores
She and her house-mate (not participating in the SPICE program) grocery shop with the staff every two weeks. She also likes to shop for clothes, staff help her with matching colors and styles. She helps around the house, cutting up vegetables, folding towels, dusting furniture and cleaning her bedroom. She sets the table and separates clothing for washing.

Recreation
She loves to keep active and goes out almost every night. She goes out to eat and shops. She also enjoys going to the library and to yard sales.

Client Services
In her day program she is doing some janitorial work and labeling. She is also learning to write, but her attention span is very short. She can count money up to twenty cents.

Agency #5 - Residence 2

These two young men live in a neighborhood where the houses are about 5-10 years old. (It is very interesting to note that the neighbor next door was against the home being located there, to the extent of hiring a lawyer, but when one of the young men had a birthday recently, this neighbor sent a birthday card.)

The inside of the house was spick and span. The furnishings were in very good condition and looked both nice and comfortable. Both of the men's rooms were nicely personalized. One of the men has a television in his room, the other one has a stereo, complete with tape deck.

Household Chores

Because of their physical limitations neither one of the gentlemen can do much around the house. One of the men can push the lever on the can opener. The staff talk over menus with the two guys and they go to the store with the staff. They can point to various items. They go shopping for clothes and need staff help to coordinate colors and sizes.

Recreation

The staff feel these men watch too much television and they are trying to get them interested in other activities. One of the men said he wants to start fishing and they are encouraging the other man to go out to more movies and shopping. Both men are big sports fans. They like to go to the local baseball games and to Chicago to see the Cubs when they can afford it. They also go out to eat a lot. The two men also spend time with their pets, a dog and a parakeet.

One of the men's mothers visits and his brother came for the first time recently. The other man's family has also been in contact since the SPICE placement, but had not visited him while he was in the nursing home. Both receive visits from other people in the program and former staff members.

Client Services

Both of the men attend the developmental training program at a local rehabilitation center.

Agency 5 - Residence 3

These two young men live in a home that was a duplex before the agency bought it, but is now a single-family dwelling. They did a good job of remodeling and repainting. The interior of the home is pleasant and orderly. The furniture was picked out by the two men.

There is a television and VCR in the family room and both men have their own television in their rooms. Their rooms were personalized with posters, pennants, bulletin boards and book shelves. Phone conversations are held over a speaker phone in the family room, or if they wish more privacy staff can hold the receiver for them to use. Adaptive equipment could be used in this home to provide more independence in using the telephone.

Household Chores

Grocery shopping is done every two weeks. The men take turns going to the store with staff, they plan the menus together. One of the staff members has been helping them understand the importance of good nutrition. They shop for their own clothes, knowing their sizes and colors fairly well. Staff assist them with any problems.

These two men are being taught to handle their own bank accounts, as they are now being held by the agency, but will soon be transferred to the men so they can budget and spend their money more independently.

Staff is currently giving physical assistance as the men make sandwiches for lunch. One of the men helps sort the laundry and he has a goal to cook one dish a week.

Recreation

These two men help plan parties. The neighbors across the street have been over for dinner and they invite friends over at the spur of the moment. They also go out to visit with friends from the day program. Outside activities are enjoyed by both men. They go to Chicago Cubs games as much as they can afford. They go to church every Sunday, Bingo every Tuesday. They also go to the movies and out to eat at least twice a month. Every other month they go to a local bar that has go-go dancers. The men both enjoy this entertainment.

Client Services

Both men are currently participating in the work activities program. They also receive range of motion physical therapy two or three times a week. The agency hopes to be able to place both men in supported employment in a year or so.

Other Observations and Anecdotes

When asked what they like best about their new home, both men agreed it is "the freedom."

Agency 5 - Residence 4

The home these two women live in is one of the best on the block. In the words of the reviewer, "the neighborhood is holding its own." The home is clean and the furnishings are in very good condition. The home contains many personal items in all the rooms and each of the bedrooms reflects the tastes of the individual.

The staff in this home is very supportive of these women making their own choices. It sounds like they weren't too happy about one of the women getting a dog, but it was her choice and she now has a new pet. They also let the women make their own choices about clothing. One of the women prefers long skirts and sweatshirts, while the other woman is more concerned with current fashions.

Household Chores

Both of the clients supervise house cleaning. One of the women can sweep and dust her own room. Both plan meals with the staff and they all go shopping once a week. One woman helps in the kitchen shredding cheese, fixing vegetables and making salads. They go shopping for personal items often and like to go to area and out-of-town malls.

One of the women has her own checking account, a staff member fills out the check and she signs it. The other woman is opening her own checking account soon.

Recreation

The two women socialize with other people from the day program, not all of them have disabilities. One of the women had a birthday party recently with about eight of the other SPICE residents and three or four people from the center. The two women have also gone to the state fair, to church, to movies and out to eat. They have a community connector from the agency who seeks out community opportunities for them. One of the women is writing a novel. A hospital is the setting for the book.

Client Services

One of the women would like to eventually work in a day care center. She currently volunteers at a local church day care center one and a half hours per week. The other woman would like to work in a bank. She is learning to operate a computer in her day program. They are both involved in some janitorial work. The agency expects to place both of them in supported employment within the next year.

Summary

Summary

This study had two goals: to find out if SPICE participants were better off since moving to their community homes and to determine the variables that contribute to quality residential services for persons with developmental disabilities.

Since moving to the community SPICE participants are gaining skills, are exhibiting fewer problem behaviors, are much happier with their new homes and have more opportunities to participate in the activities of community life. Their daytime activities have become more productive and the support services they are using are less medical in nature and more community-based. Furthermore, their families have fewer concerns and are expressing greater satisfaction with their relatives' new homes.

SPICE participants are much better off as a result of movement to the community.

The variables that contribute to quality residential services are those embodied in the CILA philosophy and the SPICE project. On a scale of 1-10, with 10 being the highest possible score, the 22 SPICE homes overall average was 8.86, a very high overall score. The scores ranged from a low of 7.62 to a high of 9.38.

While the quality of the homes was excellent, problems do exist. Direct care staff turnover rates are high, their wages are low and training for direct care and supervisory staff is inadequate. Providers cite funding as the reason for the low wages and lack of training. Three out of five of the SPICE providers say the per person, per day cost of the SPICE homes exceeds their reimbursement for the services provided.

Despite these drawbacks, SPICE participants are thriving and relishing all the wonders and joys of community life. All those involved in the development and operation of this program are to be congratulated for their vision and ability to implement it. In the words of one of the parents, "SPICE looks like a dream come true."

Appendix

client code#_____

INTERVIEWER'S NAME _____

DATE_____

LENGTH OF TIME TO CONDUCT SURVEY_____

FAMILY SATISFACTION SURVEY
FOR THE SPICE EVALUATION PROJECT

Family Name, Address and Telephone Number:

Sex of person being interviewed: _____Male _____Female

Client's Name, Address:

Client's current nursing home:

1) How are you related to _____(insert client's name)?

6 Mother
5 Father
4 Mother and Father
(responding together)
3 Sister or Brother
2 Grandparent
1 Guardian or Advocate
0 Other (Please specify):
_____

2) Is (insert name) mentally retarded? If so, what is his/her level of mental retardation?

5 Not mentally retarded
4 Mild
3 Moderate
2 Severe
1 Profound
0 Don't know

3) Does (insert name) have other diagnoses? If so, what are the other diagnoses (Please note all that apply).

6 No other diagnosis
5 Cerebral Palsy
4 Epilepsy or seizures
3 Autism
2 Mental illness
1 Blindness
0 Other_____

4) Where did (insert name) live before moving to this nursing home?

9 Other
8 With me
7 With other family member - please specify_____
6 In his or her own home
5 In a group home
4 In a supervised apartment
3 In a transitional program
2 In a state institution - please specify which one_____
1 In a nursing home
0 In a specialized living center

5) How often have you visited him/her in the past year?

4 About once a week or more
3 About once a month
2 About every 3 months
1 Once or twice during the past 12 months
0 Not at all in the past year

6) How often has (insert name) come to visit you in the past year?

4 About once a week or more
3 About once a month
2 About every 3 months
1 Once or twice
0 Not at all in the past year

7) How do you feel about the nursing home where (insert name) lives?

5 Very Satisfied
4 Somewhat Satisfied
3 Neutral
2 Somewhat Dissatisfied
1 Very Dissatisfied
0 Don't know

8) How happy do you think (insert name) is living in the nursing home?

5 Very happy
4 Happy
3 Neither happy or unhappy
2 Unhappy
1 Very unhappy
0 Don't know

9) Do you think (insert name) has learned new skills while living in the nursing home?

4 Yes, definitely
3 Probably
2 Not sure
1 Probably not
0 Definitely not

If yes, can you tell us what he/she has learned?_____

_____

_____

_____

10) Do you think (inset name) can do more things on his/her own as compared to before the move to this nursing home?

4 Yes, definitely
3 Probably
2 Not sure
1 Probably not
0 Definitely not

If yes, what types of things has he/she learned?_____

_____

_____

_____

11) Is (insert name) more social now than he/she was before moving to this nursing home?

4 Yes, definitely
3 Probably
2 Not sure
1 Probably not
0 Definitely not

If yes, in what way:_____

_____

_____

_____

12) How satisfied are you with the staff people who work directly with (insert name) at the nursing home?

4 Very Satisfied
3 Somewhat Satisfied
2 Neutral
1 Somewhat Dissatisfied
0 Very Dissatisfied

If not satisfied, why?_____

_____

_____

_____

13) How satisfied are you with the way the nursing home is managed?

4 Very Satisfied
3 Somewhat Satisfied
2 Neutral
1 Somewhat Dissatisfied
0 Very Dissatisfied

If not satisfied, why?_____

_____

_____

_____

14) How satisfied are you with the appearance of the nursing home?

4 Very Satisfied
3 Somewhat Satisfied
2 Neutral
1 Somewhat Dissatisfied
0 Very Dissatisfied

If not satisfied why?_____

_____

_____

15) How satisfied are you with the location of the nursing home?

4 Very Satisfied
3 Somewhat Satisfied
2 Neutral
1 Somewhat Dissatisfied
0 Very Dissatisfied

16) Is there someplace else you would like (insert name) to live?

1 Yes
2 No

If yes, where:_____

_____

_____

_____

17) Do you have any concerns about where (insert name) presently lives?

1 Yes
2 No

(When asking question #18 do NOT read the responses offered. Ask the respondent to answer the question in the best way possible. If respondent is unsure about what you want, use an example: "For instance, are you concerned about the location of the residence?" Then attempt to code the response using those items listed. If coding can not be done, answer '0' miscellaneous and write the response in the blanks provided.)

18) If yes, what is your major worry about this home?

24 Client is not happy in present home
23 Home is not a good place for people to live
22 Home is not well maintained
21 Management is unresponsive
20 Management is poor
19 Too far away from family
18 Staff not well trained
17 Staff not qualified
16 Verbal ridicule
15 Safety
14 Lack of ability to succeed in community
13 Client not able to return to former placement if home is discontinued
12 Not knowing who relative lives with
11 Lack of stability
10 Client is not ready to live in the community
9 Client is too young
8 Client is too old
7 Client's health is poor
6 Fear of physical abuse
5 Fear of sexual abuse
4 No transportation
3 Loss of friends/opportunity to socialize
2 Fear of relative living with non-disabled people
1 Relative living in a residence that does not offer enough supervision
0 Miscellaneous comments that cannot be categorized:_____

_____

_____

_____

19. For general demographic information will you tell me how old you are?

10 20-25 years
9 26-30 years
8 31-35 years
7 36-40 years
6 41-45 years
5 46-50 years
4 51-55 years
3 56-60 years
2 61-65 years
1 66-70 years
0 71 + years

client code#_____

INTERVIEWER'S NAME _____

DATE_____

LENGTH OF TIME TO CONDUCT SURVEY_____

Post-Movement
FAMILY SATISFACTION SURVEY
FOR THE SPICE EVALUATION PROJECT

Family or Guardian Name, Address and Telephone Number:

Sex of person being interviewed: _____Male _____Female

Client's Name, Address:

Client's current residence:

1) How are you related to _____(insert client's name)?

6 Mother
5 Father
4 Mother and Father
(responding together)
3 Sister or Brother
2 Grandparent
1 Guardian or Advocate
0 Other (Please specify):
_____

2) Is (insert name) mentally retarded? If so, what is his/her level of mental retardation?

5 Not mentally retarded
4 Mild
3 Moderate
2 Severe
1 Profound
0 Don't know

3) Does (insert name) have other diagnoses? If so, what are the other diagnoses (Please note all that apply).

6 No other diagnosis
5 Cerebral Palsy
4 Epilepsy or seizures
3 Autism
2 Mental illness
1 Blindness
0 Other_____

4) Where did (insert name) live before moving to this home?

9 Other
8 With me
7 With other family member - please specify_____
6 In his or her own home
5 In a group home
4 In a supervised apartment
3 In a transitional program
2 In a state institution - please specify which one_____
1 In a nursing home
0 In a specialized living center

5) How often have you visited him/her in the past year?

4 About once a week or more
3 About once a month
2 About every 3 months
1 Once or twice during the past 12 months
0 Not at all in the past year

6) How often has (insert name) come to visit you in the past year?

4 About once a week or more
3 About once a month
2 About every 3 months
1 Once or twice
0 Not at all in the past year

7) How do you feel about the home where (insert name) lives?

5 Very Satisfied
4 Somewhat Satisfied
3 Neutral
2 Somewhat Dissatisfied
1 Very Dissatisfied
0 Don't know

8) How happy do you think (insert name) is living in this home?

5 Very happy
4 Happy
3 Neither happy or unhappy
2 Unhappy
1 Very unhappy
0 Don't know

9) Do you think (insert name) has learned new skills while living in this home?

4 Yes, definitely
3 Probably
2 Not sure
1 Probably not
0 Definitely not

If yes, can you tell us what he/she has learned?_____
_____
_____
_____

10) Do you think (inset name) can do more things on his/her own as compared to before the move to this home?

4 Yes, definitely
3 Probably
2 Not sure
1 Probably not
0 Definitely not

If yes, what types of things has he/she learned?_____
_____
_____
_____

11) Is (insert name) more social now than he/she was before moving to this home?

4 Yes, definitely
3 Probably
2 Not sure
1 Probably not
0 Definitely not

If yes, in what way:_____
_____
_____
_____

12) How satisfied are you with the staff people who work directly with (insert name) at the home?

4 Very Satisfied
3 Somewhat Satisfied
2 Neutral
1 Somewhat Dissatisfied
0 Very Dissatisfied

If not satisfied, why?_____
_____
_____
_____

13) How satisfied are you with the way the home is managed?

4 Very Satisfied
3 Somewhat Satisfied
2 Neutral
1 Somewhat Dissatisfied
0 Very Dissatisfied

If not satisfied, why?_____
_____
_____
_____

14) How satisfied are you with the appearance of the home?

4 Very Satisfied
3 Somewhat Satisfied
2 Neutral
1 Somewhat Dissatisfied
0 Very Dissatisfied

If not satisfied why?_____
_____
_____

15) How satisfied are you with the location of the home?

4 Very Satisfied
3 Somewhat Satisfied
2 Neutral
1 Somewhat Dissatisfied
0 Very Dissatisfied

16) Is there someplace else you would like (insert name) to live?
1 Yes
2 No

If yes, where:_____
_____
_____
_____

17) Do you have any concerns about where (insert name) presently lives?

1 Yes
2 No

18) If yes, what is your major worry about this home?

(When asking question #18 do NOT read the responses offered. Ask the respondent to answer the question in the best way possible. If respondent is unsure about what you want, use an example: "For instance, are you concerned about the location of the residence?" Then attempt to code the response using those items listed. If coding can not be done, answer '0' miscellaneous and write the response in the blanks provided.)

24 Client is not happy in present home
23 Home is not a good place for people to live
22 Home is not well maintained
21 Management is unresponsive
20 Management is poor
19 Too far away from family
18 Staff not well trained
17 Staff not qualified
16 Verbal ridicule
15 Safety
14 Lack of ability to succeed in community
13 Client not able to return to former placement if home is discontinued
12 Not knowing who relative lives with
11 Lack of stability
10 Client is not ready to live in the community
9 Client is too young
8 Client is too old
7 Client's health is poor
6 Fear of physical abuse
5 Fear of sexual abuse
4 No transportation
3 Loss of friends/opportunity to socialize
2 Fear of relative living with non-disabled people
1 Relative living in a residence that does not offer enough supervision
0 Miscellaneous comments that cannot be categorized:_____

_____

_____

_____

19. For general demographic information will you tell me how old you are?

10 20-25 years
9 26-30 years
8 31-35 years
7 36-40 years
6 41-45 years
5 46-50 years
4 51-55 years
3 56-60 years
2 61-65 years
1 66-70 years
0 71 + years

20. Is there anything else you would like to tell us?_____

_____

_____

_____

f:lwspicef.pst

Consumer's Name _____

Consumer Interview and Observation

* The questions should be answered by the consumer, and if possible, should be answered in private.

* Attempt to interview the consumer, even if there is doubt about his/her ability to respond; however, if this is not possible don't worry about it.

* Ask the consumer if he/she is willing to talk to you. If not, do not survey.

* Ask the consumer if it is OK to tell other people what he/she is telling you. If NO do not record verbatim comments.

INTERVIEW

1. Do you like living here?

3 yes
__ 2 not sure
1 no
0 did not answer

2. Do you like the staff people?

3 yes
__ 2 not sure
1 no
0 did not answer

3. Do you like the other people who live here?

4 yes
__ 3 some but not all
2 not sure
1 no
0 did not answer

4. Are the staff people mean or nice to you?

3 nice
__ 2 in between, unsure, etc.
1 mean
0 not sure

cont'd...

5. Please let me check - did you say you did or did not like living here?

3 like
__ 2 not sure
1 no
0 not sure

6. Is there someplace else you would rather live?

3 yes
__ 2 not sure
1 no
0 did not answer

If yes, where?_____

_____

(Question number seven should only be asked if the person moved from a former residence to a new home in the last 14 months. If there has been no movement, answer '0', not applicable. This question applies to all SPICE consumers during the second round of data collection.)

7. Which home makes you happiest?

5 your new home
__ 4 the nursing home you used to live in
3 residence you used to live in (could be institution, foster home, etc.)
2 not sure
1 did not answer
0 not applicable

Why?_____

_____

8. What makes you happiest about this home? (If the response you receive is unlike any of those listed below, please write the response in the lines provided. It will be categorized later.)

1 people I live with
__ 2 being with friends
3 making new friends/meeting new people
4 being with all kinds of people
5 the people are nice
6 learning new things
7 feeling safe
8 it's familiar
9 using public transportation
10 recreation that goes with home

11 staff people
12 other response_____
_____
_____

9. What makes you most unhappy about this home? (Follow same instructions as #8.)

1 Being away from old friends
2 being in a strange place
___ 3 seeing the same people every day
4 people I live with
5 the people are not nice
6 using public transportation
7 loneliness
8 lack of recreation
9 staff people
10 other response_____
_____
_____

10. Is there anything else you would like to tell me?_____
_____
_____
_____

CONSUMER OBSERVATION

11. Is this person dressed appropriately?

1 yes
__ 0 no

If no, please explain:_____
_____
_____

12. Is the person clean and groomed appropriately?

1 yes
__ 0 no

If no, please explain:_____
_____

13. Is there something unusual about this person's appearance or manner that should be noted?

If yes, please explain:_____

14. General comments:_____

Residential Review Form

Resident's name _____

Age_____

Primary Diagnosis_____

Secondary Diagnosis_____

Day Program_____

Resident's name _____

Age_____

Primary Diagnosis_____

Secondary Diagnosis_____

Day Program_____

General Site Information

1. Is this the primary address for any staff person (live-in)?

___ YES
___ NO

2. How many people with disabilities live in this home?_____

3. How many full-time staff work at this residence (direct care only)?___

4. How many part-time staff work at this residence (direct care only)?___

5. What is the direct care starting salary per hour?_____

6. How long has the SPICE client(s) lived in this home?___

7. What has the staff turnover rate been since they moved in?____ (percentage)

8. How much discretionary income do SPICE clients retain from their SSI/SSDI checks monthly?___

Do clients have enough money for the things they want to do?_____
_____
_____
_____
_____

9. What is the per person, per day rate?_____

10. What is the per person, per day cost?_____

11. Do direct care staff and clients participate in interdisciplinary team meetings?
___YES ___NO

12. Do direct care staff and clients participate in development or updating of the IHP?
___YES ___NO

If answer to #11 and/or 12 was NO, please list why:_____
_____
_____

_____

_____

_____

13. Are SPICE clients taking medication for mood, anxiety, sleep or behavior? ___YES___NO

    If yes, what medication(s) (please list)_____

    _____

    _____

14. Is this home: ___ rented ___ owned ___other arrangement

GENERAL COMMENTS:

TRAINING

Questions for Administrative/Management Staff

What types of training are provided to new direct care staff?

What types of training are provided to new supervisory staff?

How well does training cover the basics?

Do you train based on the needs of the clients to be served? Please explain:

Please estimate the cost of training one new staff person. $

Please estimate the cost of inservice training for two or more staff persons. $

What types of training are provided during inservice training?

Is funding adequate for training? ___ yes ___ no

If no, please explain why.

What are the resources you use for training?

Under present circumstances, how long does it take to train a residential supervisor?

Under present circumstances, how long does it take to train a residential direct care worker?

What types of training would you provide if you had adequate training monies?

GENERAL COMMENTS

PERSONNEL

For Supervisory Staff

_____ Staff turnover is not a problem.
If it is, provide an estimate of average tenure._____

What types of credentials do you look for in supervisory staff?_____

What types of credentials do you look for in direct care staff you hire?_____

How are potential employees screened?_____

_____ Staff morale is good according to employees you've talked to.
If not, what appears to be the problem?_____

_____ According to the supervisory staff you've talked to, initial and ongoing training of supervisors is adequate.
If not, how would staff improve it?_____

_____ The average work week for direct care staff is greater than 40 hours.
_____ The average work week for direct care staff is less than 40 hours.
_____ The average work week for supervisory staff is greater than 40 hours.
_____ The average work week for supervisory staff is less than 40 hours.

_____ Staff considers their work area pleasant.
_____ Staff likes working here.
_____ Staff believes there is room for advancement in the agency.
_____ The amount of time spent on paperwork and other administrative functions is not a problem.
_____ According to staff, their salaries are commensurate with what they are being asked to do.
If not, please explain._____

_____ According to staff, agency benefits are adequate or better than adequate.
If not, please explain._____

_____ Staff feel their immediate supervisor is supportive when approached with problems or questions.
If not, please explain._____

PERSONNEL

For Direct Care Staff

_____ According to the direct care staff you've talked to, initial and ongoing **training** is adequate.
If not, how would staff improve it?_____

_____ Staff **morale** is good according to employees you've talked to.
If not, what appears to be the problem?_____

_____ Staff considers their work area pleasant.
_____ Staff likes working here.
_____ Staff believes there is room for advancement in the agency.
_____ The amount of time spent on paperwork and other administrative functions is not a problem.
_____ According to staff, their salaries are commensurate with what they are being asked to do.
If not, please explain._____

_____ According to staff, agency benefits are adequate or better than adequate.
If not, please explain._____

_____ Staff feel their immediate supervisor is supportive when approached with problems or questions.
If not, please explain._____

_____ Staff believe they are provided enough information regarding job expectations, responsibilities and performance.
_____ Staff communicate with their immediate supervisors about client health and well-being, plans, problems, families, etc.

THINGS TO LOOK FOR

1. How are meals planned at the residence?

   Staff only
   Staff and residents
   Residents only
   NA (No residents capable of any input)

2. Who shops for the groceries?

   Staff only
   Staff and residents
   Residents only
   NA (No residents capable of any input)

3. Who shops for clothing and personal articles?

   Staff only choose purchases
   Staff and residents together choose purchases
   Residents only choose purchases
   NA (No residents capable of any input)

4. How is banking handled?

   Staff only for all
   Staff and residents (e.g., staff help with filling out deposit slips)
   Residents only
   NA (No residents capable of any input)

5. How are the household chores allocated (e.g., dishwashing, bedmaking etc)?

   Staff decide who will do
   Staff and residents decide
   Residents decide
   NA (No residents capable of deciding)

6. Who organizes parties at the residence?

   Staff only
   Staff and residents
   Residents only
   NA (No residents capable or parties never given)

PHYSICAL QUALITY

1. As a neighborhood, how does the area around site look?

   Very pleasant and attractive
   Mildly pleasant and attractive
   Ordinary, perhaps even slightly unattractive
   Unattractive, slum-like

2. How attractive are the site buildings?

   Very attractive - unique and attractive design, excellent maintenance

   Somewhat attractive - shows signs of care and frequent maintenance

   Ordinary - somewhat attractive, but poorly maintained or ordinary looking; little landscaping, some weeds or litter

   Unattractive - no grounds, sidewalks only; show little or no maintenance

3. Orderliness/clutter

   Neat - living spaces are very orderly; there seems to be a "place for everything and everything is in its place"

   Some disarray - looks "lived in"; some furniture moved around, magazines lying around, etc.

   Cluttered - living spaces are somewhat disorganized and messy; some objects lying about; area seems crowded

   Very cluttered - furniture and other objects are in disarray; floor area has object to maneuver around

4. Condition of furniture

   Excellent condition - like new; well-kept, spotless, highly polished or without stains

   Good condition - not new, but in good condition; slightly worn, small scratches, dusty, a few stains, some dirt in creases

   Fair condition - older, but still structurally sound; moderately clean

   Deteriorated - old and in poor repair; some tears, stains, dirt or dust; may be structurally unsound or dangerous

5. Window areas

Many windows - living spaces has large window areas which give an open feeling

Adequate windows - windows are sufficient to allow good light; there is not closed in feeling

Few windows - room tends to be dark, even on sunny days; there is a feeling of being closed in

No windows - there are no windows, or the windows are non-functional

6. Personalization of resident's rooms or apartments

Much personalization - most of the furnishings and objects in the rooms belong to the individual; time and energy have been spent in personalization

Some personalization - residents have added personal objects such as rugs, pictures, chairs, favorite objects

Little personalization - some family pictures or personal articles, but room does not seem to "belong to the individual"

No personalization is evident

7. Overall physical pleasantness of the facility

Quite pleasant
Pleasant
Somewhat unpleasant
Distinctly unpleasant

SPECIAL CONCERNS

1. Physical dangers within a residential site (e.g., broken banisters, broken stairs, etc.)

2. Significant sanitation problems (e.g., plumbing problems, leaking pipes, rodent infestation, etc.)

3. Evidence of physical abuse or neglect

4. Evidence of psychological abuse (e.g., staff yelling at residents, etc.)

5. OPS problems -- total lack of familiarity with plan, lack of documentation for services supposedly being provided, etc.

f:lwsite.rev

BEHAVIOR MANAGEMENT

How do you define challenging behaviors?_____

_____

_____

_____

_____ Staff have been trained in behavior management techniques.
If not, why?_____

_____

_____

_____

_____ Staff can deal with challenging behaviors.
How do staff deal with challenging behaviors?_____

_____

_____

_____ There are behavior management plans for clients who need them.

Please explain what happens to clients whose problem behaviors can not be ameliorated._____

_____

_____

_____

GENERAL COMMENTS_____

_____

_____

_____

MEDICAL RECORDS

_____ Each resident has had a physical within the past 12 months or within the past six months for those residents who have lived here less than one year.
_____ Each resident has had a dental exam within the past 12 months or within the past six months for residents who have lived here less than one year.
_____ All staff have been trained in first aid.
_____ All staff are trained in use of cardiopulmonary resuscitation (CPR).
_____ All staff have been trained in seizure management.

How do clients get their medication?_____
_____
_____

GENERAL COMMENTS_____
_____
_____
_____
_____

CLIENT SERVICES

_____ Clients are provided OT, PT, ST if needed.
_____ Clients have current and relevant IHPs, Service Plans, goals, that are based on client evaluation and updated within the past 12 months.
_____ IHP is updated regularly.
_____ There are interdisciplinary team meetings to discuss clients' progress held on a regular basis.
_____ Clients have appropriate day activities for their functional level.
_____ Clients have active case managers.
When was the last time the case manager visited the client?_____
_____ Clients are encouraged to participate in outside activities, (i.e. church activities, sporting events or league, etc)

GENERAL COMMENTS_____
_____
_____
_____

Time it took to conduct this review:_____

SPICE SITE REVIEW

Provider Name and Number:_____
For Residence:_____
Number of Persons Living in Home:_____
Residents' Names:_____
Date of Review_____

DIRECTIONS: Please circle the number you believe best exemplifies the residence you just visited. A rating of ten would be the best possible score; a rating of one would be the least.

Keep in mind that a quality community residential service should provide services based on the individuals' needs. This quote from the CILA proposed Standards and Licensure Requirements embodies this philosophy, "Services shall be oriented to the individual and shall be designed to meet the needs of the individual and his or her family."

Attached to this questionnaire is a list of things you should look for and ask when attempting to grade each item on this form.

1. The residence is appropriately restrictive: 1 2 3 4 5 6 7 8 9 10

2. The physical quality of the residence is: 1 2 3 4 5 6 7 8 9 10
   (This is a home I could live in.)

3. The clients appear safe. (Have their been any incidents which have threatened their safety?) 1 2 3 4 5 6 7 8 9 10

4. Integration is encouraged: 1 2 3 4 5 6 7 8 9 10

5. The quality of staff/consumer interaction is: 1 2 3 4 5 6 7 8 9 10

6. Training for residential supervisory staff is: 1 2 3 4 5 6 7 8 9 10

7. Training for residential direct care staff is: 1 2 3 4 5 6 7 8 9 10

8. Client services are: 1 2 3 4 5 6 7 8 9 10

9. Behavior management techniques used are: 1 2 3 4 5 6 7 8 9 10

10. The quality of direct care staff is: 1 2 3 4 5 6 7 8 9 10

11. The quality of client files is: 1 2 3 4 5 6 7 8 9 10

12. The individual habilitation plans are complete, updated and based on the needs of the individuals served. 1 2 3 4 5 6 7 8 9 10

13. The quality of overall residential management is: 1 2 3 4 5 6 7 8 9 10